CORNERSTONES OF FAMILY-CENTERED PRACTICE SERIES

CORNERSTONE ONE

Multiple Response Is System Reform

Key Strategies for the Future of Child Welfare in North Carolina

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What Is Good for Families Is Good for Workers

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CORNERSTONE FOUR

Working with Others, Working with Outcomes

Training for Child Welfare Supervisors

This curriculum is a product of the



Multiple Response Is System Reform



Key Strategies for the Future of Child Welfare in North Carolina

Facilitator Notebook

Multiple Response Is System Reform



Key Strategies for the Future of Child Welfare in North Carolina

Facilitator Notebook

Developed by

The N.C. Family and Children's Program, part of the Jordan Institute for Families within the University of North Carolina at Chapel Hill School of Social Work

With Support and Contributions from the *Cornerstones of Family-Centered Practice Series* Development Committee

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Multiple Response Is System Reform

Outline

| 9:00 to 9:25 | A. Welcome, Introductions and Agenda 1. Competencies |
|----------------|--|
| | 2. Learning Objectives |
| 9:25 to 9:45 | B. Activity: Four Corners |
| 9:45 to 10:30 | C. Introduction to MRS and an Exploration of the First Two Strategies1. What IS the Multiple Response System? |
| | 2. Why Do We Need MRS? |
| | 3. The First Two Strategies of MRS |
| 10:30 to 10:40 | Break |
| 10:40 to 11:10 | D. MRS: Strategies Three through Seven |
| 11:10 to 11:30 | E. Values and Principles Underlying MRS |
| 11:30 to 11:45 | F. Activity: Shawna's Story 1. The Story |
| | 2. Implications for MRS—Small Group Exercise |
| 11:45 to 1:00 | Lunch |
| 1:00 to 1:45 | F. Activity: Shawna's Story Continued 1. Small Groups Report Out |
| 1:45 to 2:05 | G. Tools for Improving Our Outcomes |
| | 1. Child Welfare Outcome Data |
| | Connection Between MRS and Other Reform Efforts |
| | 3. Brainstorming Best Practices: Small Group Exercise |
| 2:05 to 2:15 | Break |
| 2:15 to 3:10 | H. Next Steps—Linking Strategies and Best Practices to Outcomes (Group Exercise) |
| | Key Outcomes for Families |
| | 2. Action Planning |
| | 3. Where Do We Go From Here? |
| | 4. Cornerstones of Family-Centered Practice Series |
| 3:10 to 3:45 | I. Testimonials and Family Illustrations—It Works! |
| 3:45 to 4:00 | J. Closing Exercise |
| | Appendix |

Suggestions for Preparing for and Facilitating this Curriculum

1. Preparing for this Curriculum

When facilitating an event, preparation is key—allowing enough time to invite people and arrange for a location is essential. For this event you want to invite a diverse group of people, from across program lines in the agency, across the community, and including family members. Having all perspectives across DSS program lines, agency directors, supervisors, line workers, other community agencies, and family members represented at the event is incredibly important.

The following module will provide you step-by-step instructions for facilitating a successful event.

Helpful Hints for Facilitators

- Beginnings are just as important as endings—these are what people remember, so it is very important that this "first" impression of MRS be positive and upbeat.
- Making smooth transitions between sections is important—
 the components of this day are designed to build on each
 other, so one tip for making smooth transitions is to
 practice what you will say. Summarize the point of the
 activity/presentation you are transitioning from, and explain
 how it connects to the next piece.
- The more you can help participants make a personal connection to the ideas, concepts, and activities, the more they will remember and understand. Thus, when making a learning point you may (if time allows) want to ask the group for examples that demonstrate the learning point.
- People don't argue with their own data. Be prepared to help them see that their data is relevant, but there is other data that also needs to be considered.
- Facilitation means that you are a third party guiding the learning of the group. This is different than being a teacher or even a trainer. Facilitation relies heavily on listening, interpreting, guiding, and summarizing the work and

learning of the group. If you think you are talking too much, you probably are.

- Familiarize yourself with the Division's MRS policy. See the MRS manual that was released in August 2002 located in the appendix of these notes.
- Make sure you know what initiatives and reform efforts the counties attending this day have participated in so that you can emphasize their achievements and their interests as you proceed through the day. The CPR co-facilitating this day should know this.
- To help you prepare for questions about the seven strategies of MRS, in the appendix to these notes we have included a list of questions people asked during the pilots of this training.

2. Facilitating this Curriculum

We strongly recommend observing this curriculum before you teach it yourself. If that is not possible, it will prove helpful to talk with someone who has trained this curriculum and to carefully review the facilitator notes and participant pages well in advance of your training event. The "Material List" at the beginning of each section of these notes, as well as the "Master Materials List" at the end of this section, will help you ensure you have what you need to deliver the training.

3. Formatting in the Facilitator Notes

When reading and delivering this curriculum, it will be helpful to understand the three kinds of formatting used in the facilitator notes.

Facilitator Instructions

Text preceded by a round bullet ("O") indicates that the text contains instructions to the facilitator to take some action (e.g., refer participants to a page in their notebooks). For example,

• Ask participants to form groups of four.

Suggested Facilitator Scripts

Text that appears in a larger bold, sans serif font (Arial) provides facilitators with a suggested script for making a point. For example,

These notebooks are yours to keep. They contain information about child welfare practice.

Notes to Facilitators

Text that appears in bold and italics within a box are intended to guide the facilitator in his or her understanding an activity or presentation, or to focus his or her awareness on a particular point. These boxes will include background information that facilitators can read in order to do some "self-education" before they say what is in the scripts. An example of this style is,

The purpose of this activity is to allow the group to express their creativity around the roles that they see themselves playing on a daily basis. This activity is also your lead-in to begin discussing the different roles of the supervisor.

4. Master Materials List

- A participant notebook for each participant
- Flip chart and flip chart stand
- Markers for each participant
- Masking tape
- Overhead projector
- Facilitator's transparencies for this course
- Blank transparencies and markers for writing on them (just in case)
- Video for MRS testimonial section, if choosing option 2
- TV/VCR if choosing option 2 of the MRS testimonial section
- For the Four Corners: Four colored pieces of paper, each of which should contain one of the following "Mystery," "Necessary Evil," "Impossible Dream," and "Exciting Opportunity." These pages have been prepared for you and can be found in the appendix.
- <u>For Closing Exercise</u>: If choosing "Quotes" for the closing, make copies of the quotes found in the appendix to these facilitator notes. While it is okay for different groups to have the same quote, you will need at least one copy of a quote for each group.

5. Advance Work

- To help you prepare for questions about the seven strategies of MRS, in the appendix to these notes we have included a list of questions people asked during the pilots of this training.
- If county DSS directors are in attendance, approach them prior to the star of the day and invite them to say a few brief words of welcome. They may wish to refer to the page in the appendix designed to help them prepare their remarks.

- CPRs must contact county DSS's prior this course and ask them to bring with them certain data for the discussion in section G, Tools for Improving Our Outcomes. Specifically, counties will want to be prepared to discuss:
 - The number of reports of child maltreatment they received last fiscal year.
 - What percentage of those reports that was for abuse and the percent for neglect.
 - What percent of those reports were substantiated.
 - The number of children their agency had in foster care last fiscal year, and how this figure compares with the previous year(s).
 - The length of stay for children in foster care in their county,
 and whether this number is going up, down or staying the same.
 - Statistics related to adoption in their county. Specifically, the number of children cleared and waiting for adoption, and whether the rate of adoption has increased over the past year.
 - The number of child-only Work First cases in their county, and how these figures compare with the number of child-only cases before Work First (welfare reform) went into effect.

A. Welcome, Introduction, and Overview

Time: 25 minutes (9:00-9:25 A.M.)

Advance Work

O If there are county DSS directors present, ask them prior to the start of the day if they would like to say a few words of welcome at the opening of the day. The first page in the appendix contains some prompts for directors who wish to address the group at the beginning of the day. As you share this script with them, make it clear that they are perfectly free to speak extemporaneously—they do not have to rely on this script.

Directions

- O Display transparency "Multiple Response Is System Reform" as participants enter the room.
- Welcome participants and thank them for taking time out of their busy schedules to attend this day. Note that:

The fact that you are here reflects your interest in improving the lives of the families and children you serve, as well as a commitment to your community and agency.

- Each of the facilitators should briefly describe who they are and why they are excited about being here today.
- Use the bullets below to guide you through a quick discussion of some of the minor details of the day.
 - **Building layout**. Tell participants where vending machines, bathrooms, etc. are located in the building.
 - **Registration**. Make sure that each participant has filled out the required registration forms.
 - **Parking**. Remind participants of any parking restrictions that apply to the training location.
 - **Starting and ending times**. Explain that we will begin at 9:00 a.m. and work together until 4:00 p.m.
 - **Breaks**. Explain that there will be a short break in the morning and afternoon, as well as a lunch break from approximately 11:45 a.m.–1:00 p.m.
 - E-mail Roster. Please remind people to sign and write their e-mail address on this roster. If people have questions about this roster, explain that it will be used by

the Division to communicate MRS-related information in the future. The trainer/facilitator should remember to collect this sheet at the end of the training. Participants may want a copy of this roster for themselves—if a copier is available, they may make a copy.

- Cell phones and beepers. Ask participants to please turn their cell phones and beepers to a mute or vibrate mode. If they must receive calls, they should excuse themselves and take their call outside of the training room.
- Thank the host county for making this event possible.
- O If there are one or more county DSS directors present who have said they want to welcome people at this time (see advance work, above) ask them to speak briefly now.
- After the directors' remarks, make the following points, being conscious to avoid too much overlap with what the directors have just said.

This day is about learning and preparing for the implementation of the Multiple Response System (MRS), but we can't do that without the voices, the passion, and the gifts of all the people present.

Our primary purposes today are to:

- 1. Provide you with an overview of MRS.
- 2. Explore how MRS ties in with familycentered practice and the six principles of partnership.
- 3. Help you get started in planning for your county's next steps in implementing MRS.
- 4. Think about breaking down the "barriers" we all face (among programs, agencies, families, and community members) and enhancing our ability to create positive outcomes for families.
- O Before we get underway this morning, however, it is important for each of us to know who is in the room.

<u>Note to Facilitator</u>: Do NOT go around the room and ask people to introduce themselves individually—there is not sufficient time in the day for this.

- Ask people in the following categories to raise their hands:
 - People from each county (if there is more than one county present at this event)
 - County DSS directors
 - Child welfare workers
 - Others from DSS (Work First, Adult Services, Others)
 - Other community agency people (e.g., GALs, child advocacy centers, schools).
- As community agency people raise their hands, ask where they are from.
- Once this brief introduction is complete, display the transparency, "Agenda for this Event." Ask participants to turn to the page in their notebooks entitled, "Agenda." Briefly go over this page. Ask if there are any questions.
- O Point out that there is a list of the competencies and learning objectives in their notebooks on a page entitled, "Competencies and Learning Objectives." Ask participants to read the list of competencies on their own.

1. Competencies

At the completion of this module, the participant will be able to:

- Explain the definition of family-centered practice.
- Explain how the six family-centered principles and family-centered beliefs will translate into behaviors, actions, and practices by everyone working in the community human services system.
- Describe Multiple Response System and its seven strategies.
- Define the three family-centered outcomes to be achieved by MRS.
- Describe the relationship between MRS and other North Carolina reform efforts, such as Challenge for Children, Families for Kids, System of Care, IV-E Waiver, Family to Family, Adult Services Model for Excellence, and FamilyNet (TANF/Child Welfare Collaborative).
- Describe the commitment it will take from the agency (DSS director, supervisors, and line staff members in programs such as children's services, Work First, adult services, and child support enforcement) and the community (families, other community agencies and citizens) to achieve the changes involved in MRS.
- Explain his or her county-specific Work First and child welfare data.

• Describe the other three modules in the *Cornerstones of Family Centered Practice* series.

2. Learning Objectives

- 1. The participant will participate in small group discussions with other participants to identify the "next steps" that the county wishes to take toward achieving the outcomes of safety, permanence, and well-being.
- 2. The participant will help to include in the plan of county-specific "next steps" each person's role, activities, and practice to begin the journey to successful family-centered outcomes for the county.
- 3. The participant will identify his or her specific role, activities, and practices that will contribute to the next steps.

B. Activity: Four Corners

Time: 20 minutes (9:25-9:45 A.M.)

Purpose

- To assess participants' knowledge of MRS, attitude about MRS and system change, and reaction to system reform
- Give them the opportunity to express honest feelings about system reform, in a light-hearted way
- To create an atmosphere of openness and of working together in the room

Materials

- Four legal sized, colored pieces of paper. On each of these sheets, print one of the following phrases: "Mystery," "Necessary Evil," "Impossible Dream," and "Exciting Opportunity." These words should be as large as possible on the paper.
- Masking Tape

Directions

- O Place one of the pieces of paper in each corner of the room, on the wall, high enough for everyone to be able to see them from their seats. Make sure that there is enough room in each corner for large groups of participants to be able to stand around each piece of paper.
- O Point out the pieces of paper in the four corners, and read them aloud. Briefly explain what each one means:
 - MYSTERY—you have never heard of this before, you cannot imagine what this would look like, etc.
 - NECESSARY EVIL—you see why it needs to be done, but you do not think it will be easy or exciting
 - IMPOSSIBLE DREAM—you agree with this idea in theory but you cannot imagine how it will be put into practice
 - EXCITING OPPORTUNITY—just thinking about this idea gives you energy and renewed interest in your work—you can't wait!
- O Tell the participants that you are going to read a statement, and ask them to go stand next to the phrase that best represents their reaction to the statement. Explain that there will be three statements/four rounds to the activity.

- O Tell them to quickly introduce themselves to anyone in the group that they don't know, and then to talk to each other about why they chose that word/phrase.
- O Give them about five minutes to do that, and then ask each group to share with the entire group the comments they have made to each other.
- O Have some fun with it, and make it clear that it is fine for people to have different responses, that it is natural for people to be in different places about change and reform. If some people go to "impossible dream" or "necessary evil," praise them for being honest about their feelings.
- After the sharing is completed ask the next question and give them a chance to change corners. Give participants a little less than five minutes to discuss their answers with the second and third rounds.
- Ask each question separately, and discuss their responses to each question before you ask the next one.
- After each question, ask the groups again to tell each other why they chose that corner, and process with entire group.

The questions are:

- When you hear the words "system reform" what is the first phrase you think of? (mystery, necessary evil, impossible dream, exciting opportunity)
- 2. When you hear the term "Multiple Response System (MRS)," what is the first phrase you think of? (mystery, necessary evil, impossible dream, exciting opportunity)
- 3. When you think about working together across program lines within your agency, and about working with family members as partners, and with other community agencies, what is the first word you think of?
 (mystery, necessary evil, impossible dream, exciting opportunity)

Why do you think this exercise was done?

- If participants do not mention the following points, explain that this exercise:
 - Helps people relax and get to know each other, and begin to work together
 - Reminds us that we are at different places in our responses to reform efforts, and have different reactions to the changes that are coming. All of those reactions are normal and

- appropriate—we want to acknowledge right up front that people have mixed feelings, and allow room for all of these reactions.
- Makes the point that this effort will take everyone's attention and expertise to get us all on the same page
- Makes the point that we need lots of information, and the chance to do some planning together.

C. Introduction to MRS and an Exploration of the First Two Strategies

Time: 45 minutes (9:45-10:30 A.M.)

Purpose

- Provide an overview of the seven MRS strategies
- Explain the relationship between MRS and the goals of county departments of social services

Directions

O Begin by saying:

As you know, the name of this one-day event is "Multiple Response Is System Reform." We gave this event this title because we wanted to clearly communicate how serious we are about this reform effort, and to make the point that it is so important that we think about how we will work together to accomplish the outcomes of safety, permanence, and well-being for all the families we serve.

1. What <u>IS</u> the Multiple Response System?

Time: 5 minutes (9:45-9:50 A.M.)

- Display the two transparencies called "What Is MRS?" Refer participants to the page in their notebooks entitled "What Is MRS?"
- O Briefly go over the points covered on these transparencies. MRS is:
 - An effort to reform the entire continuum of child welfare, intake through placement services
 - Being piloted right now in ten North Carolina counties
 - To be expanded to the other 90 county DSS's, hopefully by January 2004
 - An effort in which all counties will participate

MRS is not an initiative. It is a concerted effort by the N.C. Division of Social Services and its partners—

including the N.C. Association of County Directors of Departments of Social Services, individual county departments of social services, universities, and private agencies—to reform children's services in North Carolina. This effort is focused primarily and initially on child welfare, but the changes we seek to create will have implications for all the other program areas in departments of social services and for the ways these programs work with one another.

MRS is currently in a pilot stage. Ten counties are participating in this demonstration project.

O Display the transparency, "MRS Pilot Counties."

These counties are: Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Nash, Mecklenburg, and Transylvania. Based on what is learned by these pilot counties, it is hoped that MRS will be expanded to include all county departments of social services in January 2004. It is expected that at that date all counties will participate in this effort.

The N.C. Division of Social Services and its partners are available to support your county as it moves to participate in the MRS. This one-day event, which is designed to help you prepare for MRS, is part of this support.

2. Why Do We Need MRS?

Time: 10 minutes (9: 50-10:00 A.M.)

Background for Facilitator:

On a national level, the federal government wants to help the child welfare system in the U.S. do a better job ensuring the safety, permanency, and well-being of children.

One of the U.S. government's most important tools in this effort is the Child and Family Services Review (CFSR), an intensive evaluation of child welfare social work. In working with North Carolina and other states, the U.S. Department of Health and Human Services has made it quite clear they see family-centered practice as the core strategy for building effective, ethical, consistent child welfare practice.

Jerry Milner, one of the architects of the CFSR, expresses their position this way: "As we look for systemic and true lasting change in child welfare programs, we have focused on family-centered practice" (NCW RCFCP, 2002). This focus is epitomized by the attention the CFSR pays to how well workers engage families in the case planning process and promote visitation.

North Carolina, too, sees family-centered practice as a vehicle for improving the lives of its families and children. MRS is intended to make it easier to work with families in a family-centered way.

North Carolina is serious about reforming its child welfare system. Why do you think reform is needed?

- Write responses on a flip chart. Add the following points if participants do not mention them.
 - Because our state is committed to improving outcomes for families and children.
 - Because we believe that working together across program lines is a more effective and efficient way of serving families.
 - To comply with the state's program improvement plan that resulted from the federal child and family services review. (Some may even suggest that the main motivation is an attempt to avoid federal financial sanctions for noncompliance with federal child welfare standards.)

MRS and Child Welfare Practice in North Carolina

Definitions of Abuse and Neglect

An important issue to understand in talking about child abuse and neglect is how these terms are defined. There is no national definition of these terms; the legislature of each state defines them.

In North Carolina, the General Assembly has adopted a relatively <u>narrow</u> definition of "child abuse," which generally requires the occurrence of a significant physical injury or emotional impairment or maltreatment of a sexual nature.

In contrast, we have a particularly <u>broad</u> statutory definition of "child neglect," which may include inadequate supervision, improper care, and an environment injurious to a child's welfare.

Inconsistency

The absence of further definition of such concepts promotes inconsistency in applying the law. Not surprisingly, approximately 90% of child maltreatment reports in the state allege child neglect as opposed to child abuse. Likewise, approximately 90% of children in foster care are there as a result of a judicial determination of child neglect.

Problem

Our laws do not distinguish child neglect that occurs as a condition of family poverty from other types of child neglect. This leaves open the possibility that a child may be removed from a poor family and remain in foster care until the family can get itself out of poverty.

Our "Single Response System" Is Inadequate

Currently, our laws and policies constitute a "single response system." The response to a report of suspected child maltreatment follows the same approach, purpose, and specific steps whether the report is about a child who has been left alone for a short period of time or about a child who has been seriously beaten.

Over time, our response has become very "investigative" in nature. It is a comprehensive and intrusive approach that is designed to identify victims and perpetrators. It is an approach that works effectively in cases involving violence against children.

In cases of less serious maltreatment in which changes in family relationships and functioning are the best means of securing safety for children, the investigative and labeling approach often has the effect of alienating and discouraging family members.

MRS Is a Solution

The "Multiple Response System" recognizes the need for various approaches to interacting and working with families depending on the level of injury and risk to the child.

The basic hypotheses of MRS are:

- (1) In cases of serious child maltreatment, a comprehensive, investigative response that includes close collaboration with law enforcement will result in a clear message that violence against children is a crime and will be punished; and
- (2) In cases of less serious child maltreatment, a comprehensive family assessment and coordinated service delivery will result in better engagement and involvement of families and consequently in better protection for children.

Our primary motivation for MRS—and indeed for everything we do—is a desire to improve the lives of families.

We believe that the seven strategies of MRS—which we are going to talk about right now—will help us do a better job as a state achieving this objective.

3. The First Two Strategies of MRS

Time: 30 minutes (10:00-10:30 A.M.)

O Ask participants:

What have you heard about MRS?

<u>Note to Facilitators</u>: The responses you get to this question should give you a sense of what participants in today's session know—whether they are informed, misinformed, etc.

MRS Strategy #1 Strengths-Based, Structured Intake Process

O Begin by telling participants:

Intake is an extremely critical first step in the child welfare continuum. Through detailed and thorough information gathering and assessment in the intake process, a strong foundation is created for consistent and well-informed decisions throughout the life of the case, from the first knock on the door to case closure.

Child protective services intake consists of three key functions:

- 1. Gathering sufficient information from the reporter regarding the specific child and family and the child's safety and degree of risk, as well as information about the family's functioning.
- 2. Determining if the information obtained meets the definitions of child abuse, neglect, dependency, juvenile and caretaker in the North Carolina General Statues, thus leading to a decision to investigate or screen out the report.
- 3. Determining the appropriate response time/priority by the social worker for each case accepted for CPS investigative assessment.
- Ask participants:

Given these three intake functions, why might a strengths-based, structured intake process be useful?

- O Solicit and/or provide the following answers if participants don't mention them:
 - Increases consistency from worker to worker and county to county
 - Collects balanced information, gathering both strengths and concerns from the reporter
 - More thorough and complete information is gathered to make a decision between two separate investigative approaches

• Delivers services more quickly

Over the last six months a committee of county front line and supervisory DSS staff along with state level child welfare staff have developed a strengths-based, structured intake process that provides structure and consistency in information gathering and critical decision-making points.

This consistency has been achieved through the development of:

Structured Intake Report

The Structured Intake Report ensures critical intake questions are asked from a strengths-based, family-centered approach. This report also ensures that questions at intake are structured and consistent across the state. Throughout the intake interview, the social worker gathers specific information regarding the child's safety, as well as the who, what, when, where, and how of this particular family.

During the interview, the social worker should also elicit family strengths by asking questions such as, "Can you share anything good about these parents?" and by probing for exceptions to the family situation with questions such as, "It sounds as though this has happened before. Have you ever seen the family do anything to work this out on their own?"

These types of questions will help the reporter think more carefully about the family situation and enable DSS to make a determination regarding the child's safety in his or her own home.

Maltreatment Screening Tools

These tools consist of information and decision trees that guide child welfare staff as they make critical decisions regarding the safety of children. Completion of the screening tool enables social work staff to answer the question: "If the reported information is true, does it minimally meet the statutory guidelines for child abuse, neglect, or dependency?"

Response Priority Decision Tree

Once a decision is made to accept an intake report for CPS investigative assessment, social work staff members consult the Response Priority Decision Tree to guide critical decisions regarding the social worker's response time.

Several counties have piloted the strengths-based, structured intake process, including Catawba, Alamance, Buncombe, and Mecklenburg Counties. In these counties, they have found the process encourages holistic information gathering and consistency among social workers within the agency, and that it also supports critical decision-making. The new intake process should be available sometime in spring 2004.

• Ask participants:

What benefits do you anticipate with a strengths-based, structured intake process?

What challenges or concerns do you have regarding this process?

<u>Note to Facilitator</u>: If asked about the length of time that each strengths-based, structured intake report takes, explain that the entire process—including taking the report, checking records, completing a central registry check, and making a decision— takes approximately 45 minutes.

MRS Strategy #2

Choice of Two Approaches to Reports of Child Abuse, Neglect, or Dependency

• At the appropriate times in this section, please display the following transparencies and refer participants to the following pages in their notebooks.

<u>Transparencies:</u>

- Comparison of the Two Approaches
- #2 Choice of Two Approaches to Reports of Child Maltreatment
- Investigative Assessment Approach
- Family Assessment Approach

Participant Pages:

- Comparison of the Two Approaches
- MRS Strategy Number 2: Choice of Two Approaches to Reports of Child Maltreatment

- MRS Strategy Number 2: Family Assessment Approach
- MRS Strategy Number 2: Benefits and Guiding Principles of the Two Approaches
- MRS Strategy Number 2: The Two Approaches, Findings from Other States

Introduce Legislative Approval

O Begin this section by explaining that:

Senate Bill 1005, the 2001 Appropriation Act of the General Assembly, enabled the North Carolina Division of Social Services to pilot an alternative to our traditional approach to investigations in the ten pilot counties previously mentioned. The intention of this pilot is not only to create a different kind of approach for reports of neglect and dependency, but also to increase the attention given to reports of abuse.

In order to try out the General Assembly's thinking, we have named our traditional approach to investigations the "Investigative Assessment Approach." The new approach we are trying out is called the "Family Assessment Approach."

In both of these approaches it is important to remember that <u>safety is still our first concern</u>. In both approaches we still determine the severity, frequency, safety, and future risk of harm of children. Let's compare the two approaches.

The Investigative Assessment Approach

O Display the transparency, "Comparison of the Two Approaches," and refer participants to the page with this name in their notebooks as you discuss and compare the two approaches.

For reports that are immediately recognized as presenting serious safety issues for children and/or criminal charges against the alleged perpetrator, our investigative procedure will remain the same. In North Carolina, the types of reports that currently meet the definition of abuse will continue to be investigated through our traditional means.

Also, "special" types of reports (child taken into custody by law enforcement or physicians, a disabled infant with a life-threatening condition, juvenile petition, families who refuse the family assessment approach) will be accepted for investigation under this approach.

- O Discuss some of the components if the traditional/investigative assessment approach. Traditionally, investigative assessment involves:
 - An interview with the child, siblings, and collaterals, often without the parent's knowledge or permission
 - Social workers making a case decisions of substantiation or unsubstantiation
 - Perpetrator's name is entered into a centralized database
 - Finding of substantiation or unsubstantiation
 - In most cases, requirement of face-to-face contact with the child within 24 hours of the report
- O Discuss the need for these procedures for investigations of abuse reports:

We need these kinds of procedures because of the seriousness of the allegations in reports of abuse. We must be able to act quickly and confidentially to determine the safety of the child and his or her siblings. It is also important that we have a process (the Central Registry) for recording and tracking perpetrators of abuse.

However, what kind of relationship does this approach often set up with the parent(s)?

• Look for answers such as "adversarial" or "conflicted" relationship.

How does having an initial adversarial relationship with the family affect our ability to get honest information from them and our ability to engage them in services?

O Look for answers such as families are generally not honest and forthcoming with us. It is often difficult to engage them in services, and they generally want us out of their lives.

The Family Assessment Approach

The family assessment approach incorporates family-centered practices into our work with the family. We are treating the family in ways that we would want to be treated were we to be investigated. These practices enable the family to feel less threatened by us and we hope that, therefore, they will be more forthcoming with honest information about their needs and more willing to receive services. This approach is currently being used in approximately ten states nationally. Missouri began using this approach more than ten years ago.

For situations in which there are needs that, if addressed, could stabilize the family and enable parents to better care for their children, we are using the family assessment approach. In North Carolina, these types of reports meet our definitions of neglect or dependency. Reports that fall into this category include those for:

- Inadequate child supervision
- Educational neglect
- Domestic violence without imminent child harm
- Inappropriate discipline
- Unmet basic needs
- Substance abuse
- O Discuss some of the following components of the family assessment approach:

Parents are contacted and interviewed first

Parents are contacted and interviewed first, or at the same time the child is interviewed. For example, we contact the parents first and ask when we might come to meet with them. (Face-to-face still must occur within the 72-hour timeframe.) In many cases it has been possible to interview the child with the parents present. However, it is still possible (if needed) to interview the child separately.

Interviewing Collaterals

Professional collateral contacts are interviewed with the knowledge of the parent and preferably with their permission and in their presence. Social worker's should use their judgment regarding interviewing nonprofessional collaterals with the family. The anonymity of the reporter must be maintained.

Findings

At the end of the assessment the family is found either:

- In need of service. CPS case planning/case management services – this is still an involuntary service, but because of our early family-centered practice, we have hopefully engaged the family in a voluntary way
- Services recommended. The family is at low risk and we are referring to community services, but they are not in need of CPS services and families are free to decline services
- Not in need of service. The family is found to be not in need of services

No perpetrator

Regardless of the finding, with the family assessment approach, no perpetrator name is entered into a centralized database.

What do you think are the benefits of having two approaches?

- O Solicit the following answers:
 - Authority and resources are used more effectively
 - Families and communities are engaged in efforts to protect and nurture children
 - Cooperation with families is enhanced
 - Strengths of families are maximized
 - Our CPS system may be less overloaded
- Conclude discussion with the following points:

If we respond to all reports with the family assessment approach, we may miss some need for immediate action to protect children in severe cases.

If we use the traditional investigative assessment approach in all cases, we may miss early opportunities to engage families in services that could enable them to better parent their children.

If we approach all families in an "adversarial" way, vital information about the strengths of the family, the supports they have, and their motivation to change could be overlooked.

We can better serve many of the families reported to CPS in ways that focus more on helping them rather than "punishing" them.

MRS Experiences of Other States

- O Discuss some of the experiences other states have had when implementing a family assessment approach.
- O Be prepared to discuss some anecdotal stories that you have heard either with individual counties or in MRS meetings about the impact of the family assessment approach on families and workers. Consider also making the following points:
 - We are hopeful that since workers are much happier with this approach, it will lead to greater worker retention.
 - Early findings are that many family assessments are leading to a finding on "not in need of service." Initial thinking is that this is because of our early engagement of the family in the process, a "safer" relationship with the social workers, and front-loading services. At the end of 30 days of involvement, community services such as Work First, day-care, etc. have been provides so that CPS services are no longer needed.
 - Also, use the following information to discuss other states' experiences. This information gives the changes we are making in North Carolina more credibility:

Missouri

Missouri found the safety of children was not compromised; in fact, safety was improved in some circumstances.

- Hotline reports declined
- Reported incidents in which some action was taken increased
- Children were made safe sooner
- Recidivism decreased
- Rates of removal of children from their homes did not change
- Children spent less time in placement
- Needed services were delivered more quickly
- Community resources were better utilized
- Families were more satisfied and felt more involved in decision making
- Workers and community representatives preferred the family assessment approach.

Florida

Florida found that there has been greater involvement of local communities to plan for their response to families in need of services to better protect children.

BREAK

Time: 10 minutes (10:30 to 10:40 A.M.)

D. MRS: Strategies Three through Five

Time: 30 minutes (10:40 to 11:10 A.M.)

• At the appropriate times in this section, please display the following transparencies and refer participants to the following pages in their notebooks.

Transparencies:

- #3 Coordination of LEA and CPS During the Investigative Assessment Approach
- #4 Redesign of In-home Family Services
- #5 Child and Family Team Meetings
- #6 Shared Parenting Meetings
- #7 Collaboration between Work First and Child Welfare Programs

Participant Pages:

- MRS Strategy Number 3
- MRS Strategy Number 4
- MRS Strategy Number 5
- MRS Strategy Number 6
- MRS Strategy Number 7

MRS Strategy #3

Coordination of Law Enforcement Agencies and Child Protective Services while Using the Investigative Assessment Approach

- O Show transparency "#3 Coordination of LEA and CPS during Investigative Assessment Approach," and refer participants to the page in their notebook entitled, "MRS Strategy Number 3."
 - Current law requires DSS to report evidence of abuse to the appropriate law enforcement agency (LEA) and the district attorney within specified time frames.
 - The information gathered by DSS and LEA is still for different purposes:

- DSS to determine if a parent/caretaker maltreated the child
- Law enforcement to determine if a criminal act has occurred.
- A close working relationship between DSS and LEA is required in joint interviewing and ensuring safety of children.
- Suggested that a memorandum of agreement (MOA) be jointly developed between DSS and LEA to ensure an effective working relationship.

Benefits of coordination of law enforcement agencies and child protective services while using the investigative assessment approach

- Perpetrators will be held accountable for harming children
- The number of interviews and interviewers that children experience will be reduced, thereby preventing retraumatization.
- The evidence process for criminal prosecution will be enhanced.

MRS Strategy #4 Redesign of In-home Family Services

In-home services are a legally mandated and integral part of the child protective service continuum. It is this stage of the child welfare continuum that provides the greatest opportunity to prevent the future abuse, neglect, or dependency of a child. Any case finding of substantiation or "in need of services" is considered as a valid CPS case Planning and case management case.

- O Deliver a brief presentation that makes the following points.
 - The in-home redesign carries forward a family-centered philosophy that began at the point of intake and carried through to the investigative assessment stage.
 - The in-home redesign recognizes each family as being unique, requiring a service plan that is established jointly with the family to meet their specific strengths and needs.
 - Involuntary services are provided with families and children who are substantiated for abuse, neglect, and dependency, as well as with families found to be "in need of services."

- Voluntary services are provided with families where services are recommended or services are not recommended.
- The level and intensity of services needed by families vary, depending upon the level of strengths, risks, and needs within the family.
- Families with the highest risks and greatest needs (Intensive/High ratings) are provided with the most intensive services and contacts, while families with fewer risks and needs (Moderate) are provided with less intensive services/contacts.
- There is a continuum of using the structured decision making tools throughout the life of the case, from intake through reunification. Therefore, the in-home services worker and family are able to better judge the progress made by the family during the in-home services component.
- By using a continuum of services in working with families, risks and needs are better addressed, families feel supported and engaged in the change process and the agency better utilizes their resources.
- Child and family team meetings are a component of in-home services, designed to assist in the development of the Service Agreement with the family, identify and build on the strengths of the family, and begin to develop partnerships toward positive changes. The overarching philosophy is "nothing about me without me."

MRS Strategy #5 Child and Family Team Meetings

O Begin by asking the following series of questions.

How many of you have heard about child and family team meetings?

Have you been involved in these meetings via System of Care?

What other meetings has your agency/community had where family members are engaged in the decision making process?

What benefits have these meetings provided the families and agencies taking part?

- If participants do not make the following answers, provide them yourself.
 - Uses a family-centered approach
 - Gets buy-in from the family
 - Family views the services and decisions as being useful and trusts the agency wants to help.
- O Deliver a brief presentation that makes the following points.

Child and family teams are a group of individuals that the family and social workers identify as being committed to the child and family and are invested in helping them change. Many of you may have heard the term, "nothing about me without me." Putting these words into practice models a true partnership between families, DSS, and the community. Now let's talk a little about child and family teams.

- Child and family teams use a team decision-making approach, continuing throughout the life of the case even when it's necessary to remove a child due to safety issues.
- North Carolina does not encourage or require a specific model be used such as Family Group Conferencing, Family to Family, etc.
- The primary function of child and family team meetings is to engage the family and other interested parties in joint decision-making and to provide the family with support.
- The team approach also encourages buy-in of the family as well as an opportunity to develop a specific and individual plan with the family.
- The family is recognized and respected as experts regarding their own family.
- The CPS social worker begins to engage the family and identify child and family team members early in the process.
- Since a primary function of the teams is to provide support, it is critical that family members invite individuals who are significant to them.
- Typically a family invites their parents, the child (if appropriate), formal and informal supportive relationships and relevant service providers. Others present are foster parents, social worker, an independent facilitator and others.

Note to Facilitator: The ten pilot counties have expressed concerns about the cost involved with an independent facilitator and the lack of additional funding to support such a position. Currently the ten MRS counties are experimenting with different approaches to determine the feasibility of providing an independent facilitator for these meetings. As trainers, we will need to address this issue with the group.

- Team meetings are typically structured guided discussions with the family and other team members about family strengths, needs and problems, and the impact these have on the safety, permanence and well-being for the child.
- The team makes decisions about what needs to happen to ensure the safety of the child, what services are needed to assist the family
- It is critical that all safety issues and risk factors are thoroughly discussed in a straightforward manner with families. The structured decision-making tools can assist in guiding these discussions as both the strengths and needs are identified.
- Using this approach model for families the importance of openness, honesty and strength. It also reduces the family's anxiety level as an atmosphere of trust and predictability is established.

MRS Strategy #6 Shared Parenting Meetings

When a child must be placed outside of the home, it is important that a great deal of information be shared between the birth parents and the foster parents/caregiver. The social worker's role is to assist and facilitate involvement and communication between the birth and foster parents to ensure the child is receiving the best care possible from the foster parents and to maintain important ties with the birth parents.

Shared Parenting meetings are a way of achieving this goal. These meetings are included in MAPP/GPS training that has been an integral part of foster

parent preparation for many years in North Carolina.

O Deliver a brief presentation that makes the following points.

Shared Parenting meetings:

- Are a time for the social worker, birth parents and foster parents to meet and discuss the care of the child when out-ofhome placement is necessary.
- Should also be used when a child is placed with a relative.
- Provide the birth parents with an opportunity to share valuable information with the foster parents about the care of their child. Information such as the child's favorite foods, toys, sleep patterns, and behaviors will assist the foster parents in caring for and comforting the child.
- Provide the foster parents with the opportunity to share information about themselves and what they have observed and have learned about the child while in their care.
- During these meetings, plans can be made regarding visitation, medical appointments, school meetings, transportation and etc.

Safety Considerations:

- It is critical that agencies challenge foster families, social workers and agency administration to arrange and support Shared Parenting meetings.
- While safety issues can occasionally be of concern, it is important that safety issues are taken into account on a family-by-family basis versus a uniform agency policy.

Note to Facilitator: The facilitator needs to spend a little bit of time addressing the issue of uniform agency decisions that limit or discourage meetings/information sharing between birth and foster parents due to safety concerns. Each family needs to be assessed separately for safety concerns. If a particular family is violent and there is reason to have safety concerns, then it is important the agency explore alternative options for information sharing between birth and foster parents in that particular situation.

Alternatives may be a "call-in" phone number for all parties (conference call). Have the birth parents at the agency and the social worker call the foster parents from the office with all parties have a discussion regarding the child's care. Exploring individuals that could be present other than the foster parent and birth parents that could create safety for all parties, in a neutral setting.

Take a moment to think about your agency and it's current or future implementation of Shared Parenting.

- Where are you in building open face-to-face communication between the birth and foster families?
- What is needed to begin arranging Shared Parenting meetings in your agency?
- The Division offers a three-day Shared Parenting course for MAPP-GPS leaders. This workshop offers seven modules to assist foster parents in preparing for Shared Parenting meetings. Please review the Winter/Spring 2003 Training Calendar for a description and dates of this training.

Benefits of Shared Parenting Meetings:

What do you think are the benefits of Shared Parenting Meetings?

- Possible answers include the following. If participants do not suggest these ideas, suggest them yourself.
 - Keeps the family of origin active in their role as parents of their child.
 - Develops a nurturing relationship between the birth parents and the foster parents.
 - Foster parents can become mentors for the birth family regarding appropriate parenting.

MRS Strategy #7

Collaboration between Work First and Child Welfare Programs

O Show transparency "#7 Collaboration between TANF and Child Welfare Programs," and refer participants to the page in their notebook entitled, "MRS Strategy Number 7."

Link between Work First Child-Only Cases and Child Welfare.

Over recent years the Work First caseload in North Carolina has decreased dramatically and as it has decreased, a percentage of families and children have remained on Work First caseloads. These are referred to child-only cases. Child only cases are those Work First cases without an adult in the assistance unit—nearly two-thirds of these cases involve children living with their grandparents.

The following points provide highlights from a preliminary analysis of North Carolina's Work First child-only caseload that underscore the significance of this population for child welfare.

- Use the data below to develop a brief presentation.
 - In January 1995, the Work First caseload in North Carolina stood at nearly 140,000 cases. By January 2002 this number had dropped to around 43,000.
 - In January 1995, the child-only caseload stood at 26,000. These cases rose briefly and then leveled off at around 24,000 cases in January 2002.
 - While the number of child-only cases has remained fairly constant in North Carolina, their make-up of the Work First caseload has increased dramatically with the overall decline in the Work First caseload. Child-only cases as a percentage of the Work First caseload has increased from 20% in January 1995 to 50% in January 2002. Some counties will experience higher or lower figures.
 - The percentage of children in child-only cases with a report of abuse and neglect has ranged over this same period of time around 50%, dropping slightly in recent months to 40%.
 - The percentage of children in child-only cases substantiated as a victim of abuse or neglect has itself remained fairly constant at around 30%.
 - Some 20% of all children in child-only cases have had a substantiation of abuse and neglect prior to entering Work First. An additional 10% are substantiated while in Work First.

• Ask the question:

How do these figures jibe with what you know about the children in your county?

<u>Note to Facilitators</u>: Depending on who is present and whether the county has been approached in advance about the need to prepare for this discussion, participants may or may not have a good sense of this data for their county.

• Ask the questions:

What is your current practice with these children and their families?

In your agency how closely are your child welfare workers and Work First workers working together?

The Same Families

Within DSS and the community we often work with many of the same families. Our successes in one area are linked and conditioned by our successes and practices in another. Since many families that are involved in work first are also involved in child welfare, it only makes sense that work first and child welfare staff would share information, case planning, and resources with one another regarding the families that they share.

• Ask the question:

What do you think are the benefits of collaboration between Work First and child welfare staff?

- Ensure that the following points are made:
 - By sharing information between Work First/Child Welfare staff, family members do not need to repeat the same information to multiple programs.
 - When Work First is involved as a preventative effort, the number of children needing CPS and Placement Services will be reduced.
 - On-going services provided through Work First will prevent recidivism.

Need for Collaboration

An important outcome for human services agencies—and for each of us as individuals—is economic self-sufficiency. Economic self-sufficiency is a person or family's ability to earn enough money

to meet basic daily requirements such as food, shelter, health care, and transportation.

In the world of human services we typically associate this outcome with income maintenance and Work First.

Today some people might say to themselves, "I work in children's services. That's not my job, so I don't really need to know about the goals and objectives of income maintenance or child support." But, we have learned that the separation that exists between programs in our agencies, can be counterproductive.

To do the best job they can ensuring the safety, permanency, and well-being of children and their families, children's services workers need the insights and support of others in their agency and in other agencies.

In the same way, a worker in child support or economic assistance may do a better job assisting families and children if others actively collaborate with a child welfare worker. In a reformed human services system, people working in different programs will be more like members of an extended family who take an interest in the strengths and needs of all of the family members.

O Conclude this presentation on the seven strategies of MRS. Segue into the next discussion by telling the group that family-centered practice undergirds each of the seven strategies of MRS.

E. Values and Principles Underlying MRS

Time: 20 minutes (11:10 to 11:30 A.M.)

Family-Centered Practice Principles

Competencies Addressed

- The participant will know the definition of family-centered practice.
- The participant will explain how the six family-centered principles will translate into behaviors, actions, and practices by everyone working in the community human services system.

This morning, you heard about the strategies for accomplishing system reform. Later today you will have the opportunity to think about how to implement the strategies in your county.

But true system reform is not just about changing policies and procedures—it is also about examining our own values and beliefs, and "reforming" ourselves and our one-on-one practice with families.

Underlying all the strategies of MRS is the family-centered philosophy. If you work in human services in North Carolina, it may seem as if every time you turn around you run into the term family-centered. Attend training? You'll hear it. Read work-related literature? There it is again. Walk in the door at work? They're asking you to be it, do it, use it.

O Display the transparency "Definition of Family-Centered," and refer participants to the page in their notebooks entitled, "**Definition of Family-Centered**."

You probably know that family-centered practice refers to an approach which views family members as the experts on their family's needs, and encourages their active participation in services and decision-making. Respecting diversity, being strengths-based, and supporting the family—while being focused on the safety of family members—are

the hallmarks of this method. Family-centered beliefs recognize that while some situations may seem hopeless, all families have strengths, and that it is our job to instill hope. They also acknowledge that inappropriate intervention can do harm.

Although many people can describe and may even embrace the beliefs and principles of the family-centered approach, they are still unclear how to put these concepts into practice with actual families.

There are six simple "Principles of Partnership" at the foundation family-centered practice. These principles seem obvious and are easy to agree with. As we talk about them, you may find yourself thinking that you already practice this way. Our challenge to you is to think about how you can practice these EVEN MORE than you already do.

Practicing these principles ALL THE TIME, with every family, is a journey, and you may want to think about where you are on that road, and how you will move along it with families as partners.

Respecting families—and winning their respect for our agency and our efforts to support them—is essential to success. Through application of the family-centered beliefs, we believe we can create a child protective services system where we:

- Begin and end all interventions with respect for the family and its strengths
- Respond to and investigate reports of alleged child maltreatment in respectful, client-driven, solution-focused ways
- Provide for child safety by enhancing family safety and autonomy
- Hold parents responsible for protecting and supporting their children
- Provide families with individualized services

Our primary purpose today is to present you with an overview of MRS and to help you get started thinking about your county's next steps in implementing this effort. The strategies we presented this morning will

help your county think about making policy and procedural changes to providing services to families. The "Principles of Partnership" are more about individual "system" reform—reform on the personal practice level. You will have an opportunity to learn more about them in training, in written materials you receive from the Division, and in your conversations with CPRs and others. But we want to spend some time talking about them with you now.

- O Display the transparency "Six Principles of Partnership" and refer participants to the page in their notebooks entitled, "Six Principles of Partnership."
- Review these principles with the participants as they follow along in their notebooks.

Six Principles of Partnership

1. Everyone desires respect

This principle is based on the idea that all people have worth and recognizes everyone's right to self-determination, to make their own decisions about their lives. Acceptance of this principle leads one to treat clients with respect and to honor their opinions and world view. True partnership is impossible without mutual respect.

2. Everyone needs to be heard

This principle is based on Covey's "seek first to understand" and is accomplished primarily through empathic listening. While empathic listening looks very much like active or reflective listening, what differentiates it is the listener's motivation. Active and reflective listening are techniques that are often used to manage or manipulate someone's behavior so that the listener can advance his own agenda. Empathic listening is motivated by the listener's desire to truly understand someone's point of view—to enter someone's frame of reference—without a personal agenda. When one feels heard and understood, defensiveness and resistance are unnecessary, and solutions can be sought.

3. Everyone has strengths

This principle recognizes that all people have many resources, past successes, abilities, talents, dreams, etc. that provide the raw material for solutions an future success. As "helpers" we become involved with people because of their problems; these problems then become a filter that obscures our ability to see strengths. Acceptance of this principle doesn't mean that one ignores or minimizes problems; it means that one works hard to identify strengths as well as problems so that the helper and the client have a more balanced, accurate, and hopeful picture.

4. Judgments can wait

This principle recognizes that once a judgment is made, one's tendency is to stop gathering new information or to interpret in light of the prior judgment. Therefore, since a helper's judgments can have an immense impact on a client's life, it is only fair to delay judgment as long as possible, then to hold it lightly, while remaining open to new information and wiling to change one's mind. Acceptance of this principle does not mean that decisions regarding safety cannot be made quickly; it simply requires that ultimate judgments be very well considered.

5. Partners share power

This principle is based on the premise that power differentials create obstacles to partnership. Since society confers power upon the helper, it is the helper's responsibility to create a partnership with a client, especially those who appear hostile, resistant, etc. Clients do not owe us their cooperation: we must earn it.

6. Partnership is a process

This principle recognizes that each of the six principles is part of a greater whole. While each has merit on its own, all are necessary for partnership. Each principle supports and strengthens the others. In addition, this principle acknowledges that putting the principles into practice consistently is hard. Acceptance of the principles is not enough; it requires intention and attention to practice the principles.

Source: Bringing It All Back Home Study Center. (2002). *Partners in change: A new perspective on child protective services (curriculum)*. Morganton, NC: Author.

O Now that they have had time to review these six principles, ask participants:

Why do you think we have chosen these six principles as the basis for MRS?

How might these principles help you implement the seven strategies of MRS in your county?

What challenges might you face in your county as you put these principles into action?

• Ask the people in the room who work in programs other than children's services or who do not work for DSS to answer the following question:

What is familiar to you about these outcomes, beliefs, and strategies? What do you recognize that is similar to what you do and believe in your own programs?

- Allow about 10 minutes for a group discussion of these six principles and the advantages and challenges participants think they might encounter when applying them in their county.
- Conclude this discussion and transition to the next topic by saying:

Okay, so we've talked a little bit about family-centered practice, the six principles of partnership, and the seven MRS strategies. Now we are going to apply these to a familiar family situation.

F. Activity: Shawna's Story

Time: 15 minutes (11:30 to 11:45 A.M.)

Materials

- Flip chart paper and markers for each group
- Piece of masking tape or other means by which each group can post their findings on the wall for the conclusion of this activity

Directions

- Ask participants to turn to the page "Shawna's Story" in their notebooks.
- O Divide participants into small groups. If training multiple counties, it is fine to keep people from the same county together, but either way (single or multiple county event), make sure that each group has representatives from different DSS programs, other agencies, and family members (so there will be many different viewpoints at each table). Each group should have 8 to 10 people, depending on the table size and group composition.
- Ask each group to elect a person from among them to record their discussion and one to report the group's findings to the larger group. The recorder will be responsible for writing up the group's findings and posting the flip chart paper at the front of the room.
- Give individuals five minutes to read Shawna's story.
- O After participants have had a chance to read this case study, tell them that this family's situation DOES meet the North Carolina policy criteria for a family assessment track response so they should not spend their time debating whether it is a situation for that response. Rather, they should focus their discussion on how the strategies and principles are reflected in this agency and community's response, and on how that response can be enhanced through the application of all the strategies and principles.

<u>Background for Facilitator</u>: When this training was piloted, some small groups spent too much time discussing whether this family should have been accepted into the Family Assessment track. This issue was discussed with the Division, and the information in this scenario was deemed appropriate for the family assessment track.

• Ask them to discuss Shawna's Story among themselves, and to answer the following two questions as they consider the family's situation (post questions on flip chart paper to be placed at the

front of the room). They will have about 20 minutes to discuss and record their answers:

Where did you see the seven MRS strategies in place in this scenario?

- O Possible answers include:
 - Family assessment track—there was not an investigation
 - Child and family team meeting involved family members in the case planning process
 - Referral to Work First
 - Diane's in-home family assessment, and support in helping the family move to a safe location gave Diane much more assurance that the family was safe than if she had left Shawna to her own resources

Had all the MRS strategies been in place, how would DSS's work with the family been improved?

- Possible answers include:
 - A strengths-based, structured intake process would have revealed Elizabeth as a placement option earlier in the process, or possibly revealed other placement options.
 - If Doug had been much more violent toward the children, and there had been abuse, Diane would have partnered with a law enforcement officer in the investigative assessment track.
 - Full child welfare/adult services/Work First collaboration would have been even more effective—we don't know if Elizabeth will follow through with the referral. Since Elizabeth is so overwhelmed, we also don't know how long this "stable" living arrangement will last.
 - Had all the strategies been in place, the family would have a
 more comprehensive and realistic plan that included not just
 Shawna and her children, but Elizabeth and her husband as
 well.
- As they discuss their answers, ask participants to incorporate what they have heard during the morning regarding:
 - Family-centered beliefs
 - Six principles of partnership
 - Seven MRS strategies
 - Collaborating together across program and community lines
- Pass out a piece of flip chart paper to each group for them to record answers to the questions.
- Explain that each group should be prepared to report out to the entire group after lunch.

Note to Facilitator: If there is time, the reporting out can occur before lunch.

LUNCH

O Time: 75 minutes (11:45 A.M to 1:00 P.M.)

4.

Shawna's Story

The following narrative is identical to the one found in the participant notebook.

Characters

- Shawna, age 22, the mother
- Doug, age 25, her boyfriend
- Darrin, age 4, Shawna's son
- Corrine, age 3, Shawna's daughter
- Elizabeth, age 55, Shawna's mother
- Henry, age 62, Elizabeth's husband
- Lisa, social worker at childcare center
- Diane, CPS worker with county DSS

Darrin, age 4, and **Corrine**, age 3, attend a childcare center while their mother, **Shawna**, age 22, works at a dry cleaning business. One afternoon, the teacher in the center noticed bruises on Darrin's buttocks. She reported this to the center's social worker, **Lisa**, who contacted child protective services (CPS) at the county department of social services (DSS).

The intake worker who took the report checked the records and discovered that this call was the second report to DSS about this family; the first was just a few months ago concerning unsanitary conditions in the home. A thorough review of the family's records revealed that Shawna's boyfriend (**Doug**, age 25) had a history of incarceration and some domestic violence. When Shawna separated from Doug and moved to public housing three months ago, the CPS case was closed. She and the children currently receive TANF and food stamps. Doug is still in Shawna's life, although he does not live with her and the children.

Because the current report concerned allegations of inappropriate discipline and a home environment injurious to the welfare of a child, DSS responded to the report using MRS's **family assessment track**. That evening **Diane**, the social worker, met with Shawna and her children at their apartment to ensure that the children were safe and to offer the family supportive services.

Diane and Shawna discussed how Darrin became bruised. Shawna readily admitted "whipping" him for misbehaving and showed Diane his bruises. Shawna openly discussed with Diane her difficult living conditions and problems, including lack of money and transportation. During their discussion, Doug arrived. He was defensive and refused to answer questions. He said that he wanted people out of his personal business and stormed out.

Hearing Shawna's fears that her children will be taken away from her because she continues to receive services from other DSS programs, and observing a great deal of anger from Doug, Diane talked with Shawna about spending some time in an emergency shelter where she could also be connected to family support services. Shawna didn't like the idea. When pressed for other alternatives, she disclosed that her mother was in the area and might temporarily take them in. Since this would avoid the children being placed in an unfamiliar/institutional setting, Diane agreed to take Shawna and the children to her mother (Elizabeth, age 55).

At the time, Elizabeth lived with her husband **Henry**, age 62, who was very ill and unable to work. Elizabeth worked full-time to provide for the family. When not at work, she devoted most of her energy to Henry's care. Diane quickly assessed the home and found it to be in good order—clean and stocked with basic supplies—so she left Shawna and the children after setting up a meeting with Shawna for the next day at DSS to connect her with services in the community. Before leaving, she asked Shawna to call Doug and invite him too—although reluctant, he agreed to come to the meeting.

After this first meeting, Diane concluded that **services were required** for this family, but that she also would recommend additional supports. There was no immediate threat to the safety of the children nor any criminal violation, and Shawna showed a cooperative attitude by accepting services that would stabilize the family.

Lisa, the day care social worker, Diane, Shawna and Doug met at DSS the next day planned. Elizabeth took the morning off from work to drive Shawna to the meeting, so she stayed and was part of the discussion.

The social workers described the resources they had to offer to the family, explored with Shawna and Doug what had worked for the family in the past, and got them to talk about what they felt they needed now. Shawna was worried about the unsafe, unsanitary living conditions in public housing, and about Doug's anger, which she thought had become worse since he lost his job. She also indicated the need for respite care.

Elizabeth made it clear she wanted to help Shawna as much as possible, but seemed exhausted and overwhelmed. Lisa and Diane explained the various programs available to the family from local organizations, as well as local government agencies. Shawna was especially interested in the Mother-to-Mother mentoring program offered through a local church, which provided support, training on parenting skills, and friendship. Elizabeth was referred to Work First to see if she might qualify for public assistance. It was decided that the children would stay with Elizabeth for the four months remaining in the school year so Shawna and Doug could work on their relationship and go to parenting classes to learn about and practice appropriate discipline techniques and anger management.

Elizabeth seemed somewhat offended at the suggestion that she might need public assistance, but wrote down the numbers to call. Diane set up another appointment with Shawna to see how she was progressing on following up with the resources and referrals given to her.

A few weeks after agreeing to be the temporary placement for her grandchildren, Elizabeth found herself stretched to the limit. Taking care of the children and working forced her to spend less time with Henry. It wasn't long before he began to ask for more time and attention from her, and tell her that she needed to send her grandchildren back to their mother. Elizabeth could see that Shawna was making progress, and Shawna was so grateful for her help, that she didn't want to burden her. She asked Henry to understand and reminded him that it was temporary. Still, after two months Henry was so frustrated he said she would have to choose between him and her grandchildren. Elizabeth chose her grandchildren. Henry left, to be cared for by an older sister.

Completely overwhelmed, Elizabeth decided to go to DSS for help. She needed some support, just a little boost to get her through this difficult time. Elizabeth's visit to social services began with several hours of waiting in a sterile lobby. When she finally did talk to a person, the unspoken message she felt she was being sent was that she was a bad parent for having a daughter involved with CPS. She felt even more criticized when she was asked why Henry had left and whether she could provide adequate care for her grandchildren. At the end of the day she left the agency without receiving any support. Elizabeth says this experience taught her that the price of receiving support from social services was her pride and self-respect. She vowed never to go back.

Source: National Child Welfare Resource Center for Family-Centered Practice, Best Practice/Next Practice, 2(1), Spring 2001. Adapted to reflect N.C. multiple response practice.

F. Shawna's Story Continued (After Lunch)

Time: 45 minutes (1:00 to 1:45 P.M.)

Report out

- Ask each group to share the highlights of their small group discussion. They should focus on their "best" answers about what could have been improved as an agency and community response.
- As the facilitator, you should note the patterns and similarities that you hear across the groups, and when the groups have finished reporting out, share what you noticed.
- Place special emphasis on the groups' ideas that reflect collaboration and the seven MRS strategies.

G. Tools for Improving Our Outcomes

Time: 20 minutes (1:45 to 2:05 P.M.)

1. Child Welfare Outcome Data

Note to Facilitator:

The goal in discussing their data is to become familiar with this data as a prime measure of their success with families. Participants should understand that their county's data will tell them whether their approaches are working and where things can be improved.

During the following section you will be asking the counties to draw upon their knowledge of their own accomplishments and their own situation. The success of this section of the training rests upon whether the counties have been asked to do their "homework" (see the section "Advance Work" at the beginning of these notes) and whether they have actually done it.

Over the past several years North Carolina has done a very good job in developing child welfare outcome data. This data is sometimes referred to as the "child welfare experience data" and "probability of placement data." This data includes how many reports county DSS's receive for child abuse and neglect, the percent of reports that are neglect or abuse, and the comparative substantiation rates. It also includes the experiences of children within the child welfare system with respect to length of stay in foster care, entry and exit rates, and success with adoption.

O Drawing upon the knowledge of counties in the room for their child welfare outcomes, ask participants to share what they know in relation to the following questions.

How many reports of abuse and neglect did you have last fiscal year?

Of those reports, what percent were for abuse and what percent were for neglect?

Of those reports, again, what percent were substantiated?

How many children did you have in foster care last fiscal year? Was this number up or down from the year before?

Is the length of stay for children in foster care going up, down, or staying the same?

What successes have you had with adoption? How many children do you have cleared and waiting for adoption? Has your rate of adoption increased over the past year?

• Make the transition to the next topic by noting that:

As is evident from what you have shared with us, your counties have been working hard to monitor and to improve outcomes for families. For some counties in this state, their individual efforts have been tied in to statewide initiatives and reform efforts.

2. Connections between MRS and Other Reform Efforts

Note to Facilitator:

The purpose of this section is not to have participants remember facts about the various initiatives North Carolina has been involved in, but to see that they and other counties have contributed to the creation, refinement, and implementation of MRS.

To do this effectively, you must make sure you know what initiatives and reform efforts the counties attending this day have participated in so that you can emphasize their achievements and their interests.

The CPR co-facilitating this day should know this.

Also, be sure to emphasize throughout this lecture that MRS is simply building on the lessons and successes we have had as a state over the last ten years.

If you have been involved in child welfare in this state for a while, then you may have some familiarity with the initiatives and reform efforts North Carolina has been pursued since 1990.

O Refer participants to the pages in their notebooks, "Reform Efforts in North Carolina," and display the transparency of the same name.

You will probably have heard of some of the benefits and advances in outcomes achieved through counties involved in these efforts, including:

- Reductions in the amount of time children spend in foster care (through faster reunification, quicker achievement of permanency)
- Reduced placements in foster care (through better supports to families)
- Enhanced data collection—we understand more about what happens to children involved with child welfare than we did 10 years ago.
- Increased adoption of children in foster care. Last year (state fiscal year 2000-2001) 949 children were adopted from foster care in North Carolina—more than three times as many children as were adopted from foster care in SFY 1993-1994.
- You may wish to display one or more of the following transparencies related to adoption as you cover this point:
 - Table: Children Exiting the System through Adoption, SFY 1989–SFY 1999
 - North Carolina Children Exiting the System through Adoption, SFY 1989-1998
 - North Carolina Children Exiting the System through Adoption by Race, SFY 1989-1998
 - North Carolina Children Exiting the System through Adoption, by Age

Other changes that have occurred as a result of these our state's reform efforts include:

- Improved intra- and interagency collaboration
- Improved awareness, understanding, involvement, and ownership of child and family outcomes by communities
- Enhanced family-centered practice in adult services.

As you can see, our involvement in these initiatives has been very beneficial. To some extent, these efforts have colored and influenced policy and practice across the state—for example, in 1996 the five goals of the Families for Kids initiative were made the goals for children's services throughout the state.

On another level, however, the lessons learned in these initiatives have not spread far enough or fast enough, especially if you look at the world through the eyes of a child in foster care, or a parent aching to be reunited with her child, or a grandparent wanting support to raise her grandchild.

Even counties that have had the chance to participate in these initiatives have found themselves at times encumbered by some of our state's child welfare policies, policies that many believe have been too incident-focused and not focused enough on the underlying needs of the families involved with child protective services. Critics point to the fact that 87% of our child maltreatment substantiations are for neglect and argue, persuasively, that our "one size fits all" approach to dealing with families is not working as well as it could.

O Point out the connections (listed below) between recent initiatives and the seven MRS strategies, paying particular attention to the initiatives that the counties present have participated in (if any).

Challenge for Children

Accomplishments/Emphases:

- Counties unified in their pursuit of common child welfare goals
- Statewide emphasis on measuring outcomes and being publicly responsible/accountable for the well-being of children and families
- Virtually every child welfare worker in North Carolina made a signed statement of their personal commitment to improve outcomes for families and children
- Significantly reduced the number of children in foster care for 12 or more months. (As of December 31, 2001 there was as 31% reduction in the backlog of the original 67 counties that accepted the Challenge in 1997.)

<u>Counties involved</u>: 98 of the 100 counties have been signatories to the Challenge for Children at one time or another.

<u>Time span</u>: Challenge was first issued in Jan. 1997. Challenge is still being issued each year by the Division.

Families for Kids (1 and 2)

Accomplishments/Emphases:

- Achieving permanency for children
- Performance teams and self-evaluation, and as a practice for tracking outcomes—broad ownership in the community of outcomes.
- Engaging other players/professionals, especially from the community; working well with law enforcement

<u>Counties involved in FFK1</u>: the original eight counties were Buncombe, Catawba, Cleveland, Edgecombe, Guilford, Iredell, Richmond, and Wayne. Expanded later to Alamance, Brunswick, Burke, Caldwell, Forsyth, Gaston, Halifax, Haywood, Robeson, Rowan, Scotland, and Union.

<u>FFK2 counties</u>: Buncombe, Catawba, Edgecombe, Iredell, Richmond, Wayne, and Forsyth.

System of Care

Accomplishments/Emphases:

Child and family teams

<u>Counties involved</u>: Seven counties in Western North Carolina (Jackson, Swain, Haywood, Cherokee, Clay, Graham, Macon) and the Qualla Boundary

Family to Family

Accomplishments/Emphases:

- Achieving permanency and well-being for families
- Neighborhood engagement
- Family meetings/team assessment

<u>Counties involved</u>: Cumberland, Durham, Guilford, Mecklenburg, and Wake

Time span: began April 2001; ends January 2004

IV-E Waiver Demonstration

Accomplishments/Emphases:

 Performance-based funding (flexible money) to pay for guardianship and other services to families, helping to achieve well-being for families

<u>Counties involved</u>: Alamance, Brunswick, Buncombe, Burke, Caldwell, Cleveland, Durham, Edgecombe, Forsyth, Haywood, Johnston, Pasquotank, Rockingham, Scotland, Union, Wake, Wayne, Yadkin, Yancey

Time span: July 1997 through June 2002

FamilyNet

Accomplishments/Emphases:

- Intra-agency collaboration; changing the agency culture

Counties involved: Caldwell, Edgecombe, Guilford, Alamance,

Cabarrus, Durham, Halifax, Lincoln, and Union

Time span: launched March 1, 2000; ended May 31, 2002

Model for Excellence in Adult Services

Accomplishments/Emphases:

 Better record keeping—process record keeping for enhanced case management; thinks intergenerationally when thinking about family-centered practice

Counties involved: all 100

• Conclude this section of the training by saying:

So as you can see, MRS really flows from these other efforts, much as a broad river flows as the result of the contributions of a number of smaller streams or tributaries.

O Refer participants to the page in their notebooks entitled, "The Multiple Response System and North Carolina's Other System Reform Efforts," and display the transparency with the same name.

3. Brainstorming Best Practices: Small Group Exercise

Based on what you have learned about the seven MRS strategies, and the other North Carolina initiatives, in your small groups we would like you to brainstorm a list of best practices. In other words, we would like for you to come up with a list of concrete and specific behaviors that reflect the principles and strategies we have discussed so far. For example:

- Work First and child welfare workers serving the same families would meet regularly to jointly plan with the family.
- Child welfare workers would actively and consistently encourage family members to bring their supporters with them to family conferences.
- All families in need of services would be treated with respect across program and agency lines.
- Give participants five minutes to brainstorm this list. Explain that one person from each group should be a recorder and one person

- should prepare to present some of the group's results to the larger group at the end of the exercise.
- When the time has elapsed, ask each group to share at least three of the best practices they identified.
- Make a long list on a flip chart page. Post the page where it is the most visible, as participants will refer to it in the next activity.

Break

Time: 10 minutes (2:05 to 2:15 P.M.)

H. Next Steps: Linking Strategies and Best Practices to Outcomes (Group Exercise)

Time: 55 minutes (2:15 to 3:10 P.M.)

1. Key Outcomes for Families

Competency Addressed

The participant can define the three family-centered outcomes to be achieved by the system.

O Display the transparency, "Three Key Outcomes for Families" and refer participants to the page "Three Key Outcomes for Families" in their notebooks. Review this page with them.

Three Key Outcomes for Families

Time: 10 minutes

When it was passed in 1997, the Adoption and Safe Families Act (ASFA) established ensuring the safety, well-being, and permanence of children as the primary goals of child welfare in this country. These critical concepts are defined below:

Safety

In the context of child welfare, a child is safe when his or her caretaker is willing and able to provide for the child's basic needs in an environment that promotes the child's well-being, and when the caretaker protects the child from physical, emotional, and other forms of harm. Every county department of social services' child welfare unit's foremost responsibility is to protect children and to ensure they live in a safe environment.

Well-Being

Braun and Bauer (1998) define well-being as "the condition of health, happiness, and freedom from want. It is a state of being in which basic needs are met. For that state of being to be sustainable, it must maintain a sense of future well-being as well as current well-being" (p 1). Child well-being is a state that encompasses these characteristics but also includes conditions that support and allow for each child's unique, full, and healthy development.

The federal Child and Family Services Review (CFSR) measures a child welfare system's success in ensuring child well-being by the extent to which it can:

- Enhance families' capacity to provide for their children's needs (physical/economic)
- Ensure that children receive appropriate services to meet their educational needs (educational), and
- Guarantee children receive adequate services to meet their physical and mental health needs (health and mental health)

Permanence

North Carolina defines permanence for a child as "a lifelong family relationship that is legally secure and promotes a sense of belonging." In child welfare, permanency for children is achieved by:

- Maintaining the child in his or her home. ASFA states that "when safety can be ensured, strengthening and preserving families is seen as the best way to promote healthy development of children."
- Placing the child in an adoptive home, if reunification with the family is not possible.
- Placing the child with a guardian or other, legally secure and permanent home.

Reference

Braun, B. & Bauer, J. (1998). From welfare to well being: A framework for dialogue and action. Welfare Reform Research and Information Network. Online http://www.cyfernet.mes.umn.edu/welfare/wellbeing.html (8-31-01).

• Make a bridge to the next section by asking participants:

How do you think these three outcomes relate to the seven strategies of MRS?

2. Action Planning

Time: 45 minutes

The last step in our process today will involve thinking about concrete actions you need to take in order to implement the MRS strategies in your county.

- O Begin by making sure that each of the small groups in the room consists of people from the same county.
- Ask each small group to turn to the page in their notebooks entitled, "MRS Strategy Worksheet." If you wish, you may also display the transparency "MRS Strategy Worksheet" at this time.
- O Give participants a moment to look this worksheet over, then explain that, as the worksheet suggests, each group will spend the next thirty minutes analyzing their county/agency's strengths and needs relative to the next steps they will need to take to implement two (2) of the MRS strategies. Explain that:

Because implementing the second strategy (two approaches to responding to child maltreatment reports) is so new and important, we will ask that each group to work on that one. Then each group can choose one of the remaining six MRS strategies to focus on, based on their county's specific situation.

- As in other activities, each group will need to choose a reporter and a recorder for this activity.
- O Explain to them that they are going to spend the remainder of this 45-minute section discussing their next concrete, specific steps towards implementing the two strategies on their worksheet. Describe each column of the worksheet as follows:
 - <u>Column 1</u>: In addition to working on MRS strategy #2, groups should select one additional MRS strategy from the list at the bottom of the worksheet.
 - Column 2: Describe the needs in your county relative to each strategy. (What resources will they need? What needs to change? What needs to be implemented? Etc.)
 - <u>Column 3</u>: Next they want to think about which of those needs will have to be addressed first; not necessarily the need that is most important, but the first steps.
 - Column 4: And last, but certainly not least, what strengths already exist in their county that will help them meet their needs?

For example:

- Column 1: Child and Family Meetings
- Column 2: We don't have a neutral place to meet, we aren't trained in facilitating child and family meetings, public transportation is not available, many professionals do not work after 5 p.m. or on weekends

- <u>Column 3</u>: First need that must be met is getting trained on child and family team meetings
- Column 4: Our agency has several excellent in-house trainers
- For reporting out they may wish to write their needs on flip chart paper as well as on their smaller worksheets.

Report Out

• Have each group report back to the large group, sharing their needs for each strategy they identified.

<u>Note to Facilitator</u>: If you have time, it would be ideal if they could report their strengths as well.

- As the groups report out, note quietly to yourself the similarities and patterns that emerge.
- Once all the groups have reported out, share the patterns and similarities you noticed, placing special emphasis on similarities across program and agency lines.

3. Where Do We Go from Here?

Time: approximately 15 minutes

- O Make the observation to the participants that they have worked very hard during the day to identify how, in the future, they will accomplish the three key outcomes for families by applying the seven MRS strategies and the six principles of partnership with families.
- O Note that they have identified concrete, specific steps that they will take, and have prioritized what needs must be met to be successful.
- O Then ask:

So where do you take these plans for action and change?

What happens to them AFTER today?

How do they occur?

Who takes the lead in informing those who were not here today?

O Begin facilitating a large group discussion in which they decide the answers to those questions.

Note to Facilitator: As a facilitator, you should hope that some natural leaders with this planning process will emerge; if they do, encourage them to take over the facilitation of the planning, and you sit down. This should be the community's process. If a natural leader does not emerge, ask for a participant to volunteer to record the notes, and make sure another volunteer is identified to follow through with what the group decided.

- O If participants are having trouble identifying where they can fold in these plans, ask them what collaboratives or joint planning efforts are already happening in their county (e.g., a System of Care Collaborative, FFK2 Collaborative, or an interagency council) and have them think about how that group could take the lead in implementing MRS.
- If there are multiple counties present encourage them to form as entire county groups to make these plans. This process should take about 15 minutes.

Note to Facilitator: Either with the whole group, or one-on-one at the end of the day, talk with the "natural county leaders and/or participant volunteers. Encourage them to write up their worksheet results and send them out to everyone who was there, and to other key stakeholders who were not present. Ask if there is a copy machine available to copy the roster with email addresses of those present.

4. The Cornerstones of Family-Centered Practice Series

• Explain to participants that the N.C. Division of Social Services is committed to providing support to their county as they try to answer the question "Where do we go from here?" in its effort to implement MRS.

Part of this support will come in the form of new, MRS-focused training for child welfare workers and supervisors from county departments of social services. These courses are called the *Cornerstones of Family-Centered Practice* Series.

Just as we hope that workers are thinking and acting in a family-centered way, and that supervisors are thinking and acting in a worker-centered way, the

Division is striving to think and act in an agencycentered way.

- O Support this by noting that the new MRS-related training courses, which are called the *Cornerstones of Family-Centered Practice* Series, were developed after significant input (in focus groups in 2002) from county DSS's, and child welfare supervisors.
- O You may also wish to support this assertion by pointing out, when describing courses 3 and 4 of this series, that the Division is presenting these 4-day courses in two, 2-day installments in order to accommodate the needs of supervisors, who said in the focus groups that they would have difficulty being out of the office for more than two days at a time.

I also want to note that these courses are just like other courses offered by the Division, in that they meet the mandatory training requirements as they apply to county DSS child welfare workers. For example, attending this course today gives participants 6 hours training credit.

- O Refer participants to the page in their notebooks entitled, "The Cornerstones of Family-Centered Practice Series," and display the transparency with this same title.
- O Deliver a brief presentation about this series based on the following information.

The Cornerstones of Family-Centered Practice Series

Cornerstones of Family Centered Practice is a four-course training series developed by the N.C. Division of Social Services and its partners. Its goal is to help North Carolina reform its child welfare system through the seven strategies of the Multiple Response System and through family-centered practice. Following is a brief description of this series.

CORNERSTONE 1: The Multiple Response Is System Reform: The Future Direction of Child Welfare Services in North Carolina.

Length: One day

Audience: DSS staff and their community partners

Author: Jordan Institute for Families

Purpose: Explores the relationship between family outcomes,

family-centered practice, and MRS. It will address the:

- History and need for system reform in our state
- Benefits of the seven MRS strategies
- Six principles necessary for family-centered partnerships

Every session will be tailored to the unique strengths and needs of the counties participating.

Offered: With individual or small groups of counties in early 2003

CORNERSTONE 2: What Is Good for Families Is Good for Workers: A Training for Child Welfare Supervisors.

Length: Four days (delivered in two, 2-day sessions)

Audience: Child welfare supervisors from county DSS's

Author: Resources for Change

Purpose: To explore the relationship between parallel process, the

supervisor's role as coach, and family-centered practice. Underlying this course is the belief that if a supervisor truly embraces the principles of family-centered practice, he or she will be worker-centered, thereby modeling effective work with families. The training will also apply the six principles of family-centered partnership to supervisors'

work with the staff they supervise.

Offered: At regional training centers and on-site at county DSS's

between April and August 2003

CORNERSTONE 3: Partners in Change: A New Perspective on Children's Protective Services.

Length: Three days

Audience: CPS workers and supervisors who will be implementing the

family assessment approach

Author: Bringing It All Back Home Study Center at Appalachian

State University

Purpose: This training is built on the belief that the most effective

way to protect children is to strengthen their families, and the most effective way to strengthen families is through solution-focused partnerships with helping professionals. It also recognizes that the very nature of child protection practice presents many barriers to partnership with families. This workshop is based on the six principles necessary for family-centered partnerships, with an emphasis on their use

family-centered partnerships, with an emphasis on their use in CPS practice. This training teaches participants to successfully apply the principles of partnership in this new

approach to child protection.

Offered: Fall 2003

CORNERSTONE 4: Working With Others, Working with Outcomes: Training for Child Welfare Supervisors

Length: Four days (delivered in two, 2-day sessions)
Audience: Child welfare supervisors from county DSS's

Author: Jordan Institute for Families

Purpose: To help child welfare supervisors work in a collaborative

environment to effect meaningful change for families.

Participants will learn about and practice the skills they need

- Collaborate across program lines both within the agency and with the larger community, and
- Partner with the whole family in a collaborative change process.
- Construct and participate in a process- and outcomeoriented system of quality assurance
- Analyze and use family data to measure progress toward successful outcomes
- Articulate successes to funders and other stakeholders

Offered: At regional training centers and on-site at county DSS's in winter 2004

I. Testimonials and Family Illustrations—It Works!

Time: 30 minutes (3:10 to 3:45 P.M.)

<u>Note to facilitators</u>: Each event will include one of three options which are described in detail in the notes below. At the beginning of the day, or prior to the day, you need to find out from your CPR which option will apply to each of your days.

- <u>Option 1</u>: Current MRS county representative(s) is present at the event to speak about his/her experiences with MRS.
- <u>Option 2:</u> You have a videotape of current MRS county representatives speaking about MRS.
- <u>Option 3:</u> Testimonial from someone in the room, if anyone has experience with any of the strategies of MRS.

Options 1 and 2

You have worked very hard this afternoon to come up with specific, concrete steps that you and your county can take to make MRS a success, and we now want to give you the opportunity to hear from workers in North Carolina about their experience with MRS so far.

Option 1—MRS county speaker

With us today is _____ from ____ County, one of the 10 MRS pilot counties. Mr./Ms. ____ is going to tell you about his/her experiences with MRS, and then we will have some time for you to ask questions.

- After introducing the guest speaker(s) encourage them to share their "MRS experience" with the group. As needed, ask the following questions:
 - 1. When you first heard about the seven strategies of MRS, what was your reaction? Attitude?

- 2. How has your attitude changed now that your county is more deeply involved with MRS?
- 3. What have been the greatest rewards?
- 4. In your opinion, what have been the greatest challenges in implementing the MRS strategies?
- 5. What advice/lessons would you like to share with this group, which is about to begin the MRS journey?
- 6. How do the seven strategies of MRS help support the outcomes of safety, permanence, and well-being?
- Once the speaker has addressed the above questions, ask the group what questions they would like to ask. As you facilitate the discussion, be aware of:
 - **Acoustics**—repeat individual questions as needed, so that the entire group can hear.
 - Addressing group resistance—some participants may use this discussion as a forum to voice their "yes, but...." thoughts, such as: "Well, this sounds good, but it would never work in my county because_____" or "How is this any different than other system reform initiatives?" Give the opportunity for the speaker to address concerns, or for other "experts in the room" to address them (possible "experts" include: reps from the Division, CPRs, and UNC staff). Remember, we want to focus on the positive, and end the day on a "high" note.

Option 2—Video

- O It may be that rather than live speakers, you have a video testimonial from MRS workers in North Carolina. If so, show the video. Be aware of:
 - **Lighting**—make sure it is dark enough for all participants to see the screen without glare
 - **Visibility**—encourage participants to move to where they can see the screen prior to starting the video
 - **Acoustics**—once the video starts, check with folks at the back of the room to make sure they can hear the tape
- When the tape is over, facilitate a discussion (some sample questions for discussion are listed below).

What did you hear in the video that you found encouraging?

What tips/ lessons learned did the video give you?

How has your attitude about MRS changed, now that you have heard from MRS pilot counties?

- As you facilitate the discussion, be aware of:
 - **Acoustics**—repeat individual questions as needed, so that the entire group can hear
 - Addressing group resistance—some participants may use this discussion as a forum to voice their "yes, but...." thoughts, such as: "Well, this sounds good, but it would never work in my county because______" or "How is this any different than other system reform initiatives?" Give the opportunity for the speaker to address concerns, or for other "experts in the room" to address them (possible "experts" include: reps from the Division, CPRs, and UNC staff). Remember, we want to focus on the positive, and end the day on a "high" note.

Option 3: Alternative Testimonial

O If there is not a speaker or a video for your group, you may wish to ask participants if there is anyone in the room who has first-hand experience with any of the seven MRS strategies (e.g., family team meetings). If there is, invite that person or those persons to share his or her experience with the group.

Options 1, 2, and 3:

• At the end of the discussion, transition into the final closure activity by saying:

The story/stories you just heard are a small example of what can be accomplished through family-centered practice, MRS, collaboration across program lines, and family/community involvement. As you go back to your counties, we want you to begin dreaming about what YOU can achieve in your own communities. We will close today with an activity that will get you started down the path to success.

J. Closing Exercise

Time: 15 minutes (3:45 to 4:00 P.M.)

Purpose

• To give participants a chance to reflect on the days discussion and to end with a positive thought.

Option 1: "Show of Hands"

<u>Note to Facilitators</u>: You should only use this exercise if you are fairly confident that the results will be positive—that is, that a majority of people has moved from to the response, "Exciting Opportunity."

- O Ask participants the three questions you asked during the activity, "Four Corners," asking them to raise their hands to indicate whether they would respond "Mystery," "Necessary Evil," "Exciting Opportunity," or "Impossible Dream." The three questions are:
 - When you hear the words "system reform" what is the first word you think of? (mystery, necessary evil, impossible dream, exciting opportunity)
 - 2. When you hear the term "Multiple Response System (MRS)," what is the first word you think of? (mystery, necessary evil, impossible dream, exciting opportunity)
 - 3. When you think about working together across program lines within your agency, and about working with family members as partners, and with other community agencies, what is the first word you think of? (mystery, necessary evil, impossible dream, exciting opportunity)

Option 2: "Quotes"

<u>Note to Facilitators</u>: Use this closing exercise if the preceding testimonial goes badly, and if there is time.

Materials

- Copies of the following quotes on 8.5"x11" paper (see appendix to these facilitator notes). While it is okay for different groups to have the same quote, you will need at least one copy of a quote for each group.
- Participant page, "Wisdom of the Elders"

Quotes

Whatever you can do or dream you can, begin it; boldness has genius, power, and magic in it. —Johann Wolfgang Von Goethe

Undoubtedly, we become what we envision. —Claude M. Bristol

Your work is to discover your work, and then with all your heart to give yourself to it. —Buddha

You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face....you must do the thing you cannot do. —Eleanor Roosevelt

I learned this, at least, by my experiment: that if one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours. —Henry David Thoreau

What lies behind us and what lies before us are small matters compared to what lies within us. —Ralph Waldo Emerson

Do not follow where the path may lead, go instead where there is no path and leave a trail. —Author Unknown

Be the change you want to see. —Author Unknown

Directions

- O Give each group one of the quotes. Each group member is to briefly share his or her thoughts on the meaning of this quote, as it relates to the discussion we had today. Each group will then share their quote out loud and give a quick statement of how the quote relates to our discussion today.
- After all groups have reported out, tell them that you have an adaptation of a reading by a Navaho leader to his tribe about surviving and celebrating change. Explain that you would like to share the adaptation of this reading because it contains a message that is especially appropriate to end our day. It is called the wisdom of the elders.

Wisdom of The Elders

There is a river flowing, now very fast. It is so great and swift, that there are those who may be afraid and try to hold on to the shore.

They may feel they are being torn apart and may even feel pain. For the waters, which have gently flowed for so long are now necessarily moving swiftly.

The elders say that it may be helpful to know this: that the river has its destination. The elders say we must let go of the shore, push off into the middle of the river, keep our eyes open, and our heads above the water. And they say, look around, see who is in there with you and CELEBRATE.

At this point in our journey, we are not to take anything personally. Least of all, ourselves. For the moment that we do, our growth and forward journey slows down.

The time of the lone wolf is over. It is important that we gather ourselves and unite as one!

Banish the word struggle from your attitude and your vocabulary. To reach successfully reach the destination, all that we do from hence forward must be done in a manner of togetherness and celebration.

FOR WE ARE THE ONES WE'VE BEEN WAITING FOR.

Oraibi, Arizona Hopi Nation

Pieces of the answer lie in each one of us! Keep up the good work and have a good evening!

Do not forget to collect the evaluations before participants depart!

Appendix

- 1. Possible Opening Remarks for County DSS Directors
- 2. Questions People May Ask About MRS
- 3. Pre-printed Signs for the Four Corners Activity
 - Mystery
 - Impossible Dream
 - Exciting Opportunity
 - Necessary Evil
- 4. Quotes by:
 - Johann Wolfgang Von Goethe
 - Claude M. Bristol
 - Buddha
 - Eleanor Roosevelt
 - Henry David Thoreau
 - Ralph Waldo Emerson
 - Author Unknown
 - Author Unknown
- 5. The NC Child Protective Services Multiple Response System Policy and Practice Manual

Possible Opening Remarks for County DSS Directors

Thank individuals from your agency, from other agencies, and from the community for coming this morning.

I especially want to thank folks who are not from county DSS child welfare units for coming. In some cases, you may be taking a "leap of faith" in attending this, since it may not be clear to you what the Multiple Response System or this training has to do with your job or your place in the community. Thanks for taking that leap.

The reasons we invited you are simple:

- 1. We all work with the same families.
- 2. We can't successfully reform the child welfare system in North Carolina and improve outcomes for the families and children in our community without you. There has been a perception over time that we thought we could. Well, we can't.

I look forward to working with you today and in the future as we learn about and implement the seven strategies of the Multiple Response System, strategies I know will improve the lives of the families and children we all care so much about.

Questions People May Ask About MRS

MRS Strategy 1:

- How long does it take for intake workers to go through the new process with a reporter? Does it take longer?
- When will the new intake tools be available statewide?
- Regarding the automatic screening for domestic violence, wont' this increase our caseload?
- Is it possible to switch tools midstream if new information appears during the report?
- Won't it be a challenge to be consistent with regard to physical discipline? Even within agencies, some workers and supervisors are okay with physical discipline and others are completely opposed to it?

MRS Strategy 2:

- Won't the 72-hour required response time for the family assessment approach be a barrier to family-centered practice?
- Regarding substantiation and unsubstantiation, sometimes we just don't have the proof we need to substantiate, though we know something is going on. Will there be a graduated response for the investigative assessment approach with MRS so that it won't just be all or nothing?
- Can neglect ever be substantiated?
- With the family assessment approach, can there ever be a push to interview the child privately?
- Will you still do a service agreement and will family still be expected to complete certain steps before we get out of their life?
- Will there still be screen-outs?
- Is there a change in the community perception of DSS as a result of this new approach?
- What is the difference between substantiating a case and in need of services?

MRS Strategy 3:

No questions. You may want to note that in granting the Division permission to pilot this approach, the legislature explicitly said that they wanted to see more child abuse prosecutions, and more successful ones.

MRS Strategy 4:

No questions. You may want to note that when using the family assessment track, after 30 days the majority of families in MRS pilot counties are found to be "not in need of services" because the pilot counties are front-loading services from day one

| MRS Strategy | 5 |
|---------------|---|
| No questions. | |

MRS Strategy 6:

MRS Strategy 7:

Are there release of information forms built in to implementation of MRS so that closer collaboration can occur between child welfare and Work First?

Mystery

Exciting Opportunity

Impossible Dream

Necessary Evil

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Do not follow where the path may lead, go instead where there is no path and leave a trail.

—Author Unknown

Be the change you want to see.

The NC Child Protective Services Multiple Response System Policy and Practice Manual

Introduction and Basic Assumptions

Senate Bill 1005 2001 Appropriation Act of the General Assembly enabled the Division of Social Services to pilot an alternative response system of child protection in no more than 10 demonstration areas in this state.

CHILD WELFARE SYSTEM PILOTS

SECTION 21.46. (a) The Department of Health and Human Services, Division of Social Services, shall develop a plan, working with local departments of social services, to implement an alternative response system of child protection in no fewer than two and no more than 10 demonstration areas in this State. The plan should provide for the pilots to implement an alternative response system in which local departments of social services utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect.

SECTION 21.46. (b) The Department of Health and Human Services shall develop data collection processes that would enable the General Assembly to assess the impact of these pilots on the following:

- (1) Child safety
- (2) Timeliness of response
- (3) Timeliness of service
- (4) Coordination of local human services
- (5) Cost-effectiveness
- (6) Any other related issues

SECTION 21.46. (c) The Department of Health and Human Services may proceed to implement this pilot program if non-State funds are identified for this purpose.

The foundational philosophy of the NC Multiple Response System (hereinafter MRS) is family-centered practice. The underlying beliefs of a family-centered approach to child welfare are as follows:

- 1. Safety of the child is the first concern.
- 2. Children have the right to their family.
- 3. The family is the fundamental resource for the nurturing of children.
- 4. Parents should be supported in their efforts to care for their children.
- 5. Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
- 6. A crisis is an opportunity for change.
- 7. Inappropriate intervention can do harm.
- 8. Families who seem hopeless can grow and change.
- 9. Family members are our colleagues.
- 10. It is our job to instill hope.

The Child Welfare System Pilots, the MRS allows county departments of social services selected as pilots to respond differentially to reports of neglect. The pilots <u>do not</u> allow for a different response to abuse, dependency, abandonment and special types of reports. The MRS encourages local departments to formalize agency and community relationships that offer assistance and intervention to families at risk of child abuse and neglect. The system also recognizes the need for more formal agreements with local law enforcement and the district attorney that support a joint response to the most serious child maltreatment reports with county departments of Social Services.

When a child protective services (hereinafter CPS) report meets the definition of abuse, neglect, or dependency, the local department shall determine whether to conduct a family assessment response or an investigation (traditional forensic response).

Please note: In all cases, the report has been screened and if true would meet the statutory definition or abuse, neglect or dependency. Regardless of the assignment to either track, the agency has a valid CPS report.

Assignments of Reports

The Family Assessment Response will be appropriate for reports meeting the statutory definition of neglect (with the exception of abandonment and some special types of reports) if true according to N.C. General Statute §7B-101. Nothing will replace the professional judgment of the intake worker and intake supervisor in that a report that is statutorily considered neglect may be still assigned as an investigation. The county will have some discretion to decide to which track neglect reports will be assigned.

§ 7B-101 (15)

Neglected juvenile. — A juvenile who does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile's welfare; or who has been placed for care or adoption in violation of law. In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.

Note: In the interim, until MRS counties can do an evaluation of caseloads, current CPS caseload standards will apply.

The Investigation Response will be appropriate for the following reports:

 Allegations meeting the legislative definition of abuse according to N.C. General Statute §7B-101

§ 7B-101 (1)

Abused juveniles. — Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker: (a) Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means; (b) Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means; (c) Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; (d) Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178 and G.S. 14-179; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1, regardless of the age of the parties; (e) Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; or (f) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

• §7B-101 (9)

<u>Dependent juvenile</u>. — A juvenile in need of assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement.

Special Type of Reports:

- Child fatality when there are surviving children in the family
- Child in custody of local DSS, family foster homes, residential facilities, child care situations, and reciprocal investigations
- Child taken into protective custody by physician or law enforcement, pursuant to N.C. General Statute 7B-308 & 500

- Medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457(Baby Doe)
- Child hospitalized (admitted to hospital) due to suspected abuse/neglect
- Abandonment

In most instances, investigations will be conducted with local law-enforcement agencies.

Definitions

The definitions section of G.S. 7B-101 and of Volume I, Chapter VIII, Section 1408 of the current North Carolina Division of Social Services Family Services Manual shall apply to the MRS unless specifically noted in this policy section.

"Family Assessment Response" means a response to valid child neglect reports utilizing a family centered approach that is prevention oriented and responds to indicators of anticipated problems, as well as to incidents. This approach focuses on how would you want to be treated if a CPS report was made on your family.

"Report" means any information or allegation of child abuse, neglect, or dependency made orally or in writing, pursuant to § 7B-301, 305, 306, 307, 308, 500 of the N.C. General Statutes.

"Child Protective Services Multiple Response System Intake," means the process to determine the appropriate level of intervention upon receipt of a report of child abuse, neglect, or dependency. The information gathered in this process is recorded on the Child Protective Services Multiple Response System Intake Report.

"Investigation Response" (§7B-302) means a response to a valid child abuse, neglect, or dependency report that uses a formal information gathering process to determine whether or not child abuse or neglect has occurred and provides necessary services to prevent abuse, neglect, or dependency. This response is the traditional response, currently used in NC. All current state laws and administrative rules apply.

"Child Protective Services Multiple Response System," means the two different responses to CPS reports depending upon the type of case reported. MRS includes the Family Assessment and Investigative Responses.

"Structured Assessment Tools" means the 1) Safety Assessment, 2) the Risk Assessment, 3) the Family Strengths and Needs Assessment, 4) the Case Decision Summary, 5) the Risk Re-Assessment and 6) Reunification Assessment.

1. The Safety Assessment shall be complete at the following intervals:

- At the time of the initial home visit, and prior to allowing the child to remain in the household:
- Prior to the case decision;
- Prior to the removal of a child from the home;
- Prior to the return home in cases where the caregiver temporarily places the child outside the home as a part of the safety response;
- at any point a new report is received, or
- at any other point that safety issues are revealed.

The Safety Assessment shall include the caregiver(s) signatures(s) and a copy of the Safety Assessment shall be provided to the caregiver(s). A Safety Response shall be completed whenever any unsafe factor is present. The Safety Response shall specify what interventions the agency and any identified safety resource will make to ensure the safety of the children. Whenever a safety resource is obtained, the safety resource shall also sign and receive a copy of the Safety Assessment.

- 2. Risk Assessments shall be completed and documented at the following intervals:
 - Prior to the case decision;
 - When a new CPS report occurs in an on-going case.
- 3. The Family Strengths and Needs Assessments shall be completed at the following intervals:

For CPS investigative assessments: (MRS pilots both tracks)

during any CPS investigative assessment prior to the case decision.

For Case Planning and Case Management; (MRS In Home Services)

- at the time of Service Agreement updates;
- within 30 days prior to case closure.
- 4. The Case Decision Summary must document answers to the following questions (MRS pilots both tracks)
 - Has the maltreatment occurred with frequency and/or is the maltreatment severe?
 - Are there current safety issues? Would the child be unsafe in the home where the abuse, neglect or dependency occurred?
 - Is the child at risk of future harm?
 - Is the child in need of protection?

Documentation must support the answers included on the Case Decision Summary.

Please note for Family Assessment Response Track, the main question at the point of Case Decision is regarding whether or not the child is in need of services or recommended for services.

- 5. The Family Risk Re-Assessments shall be completed when the child remains in the home and CPS Case Planning and Case Management Services are being provided, or the agency has legal custody and the child has not been removed from the home. (MRS pilots-In-Home Services). The family Risk Re-Assessment shall be completed at the following intervals when Case Planning and Case Management is provided:
 - Completed at the time of the Service Agreement and additional updates;
 - Whenever a significant change occurs in the family; and
 - Within 30 days prior to case closure.

Case Decisions/ Findings

In the MRS pilots, there are some restrictions regarding case decisions/ findings. There are three categories of findings:

- Substantiate/ Unsubstantiate- All CPS reports with a finding of abuse or dependency. Reports to the Central Registry will be completed as they are currently done.
- Services Needed- All CPS reports of neglect (with the exception of abandonment and the special types of reports listed on page 4) assigned to the family assessment track and the safety issues and future risk of harm is so great that the agency must provide involuntary services. (Note: the safety and risk of harm is so great that you "can't walk away" from this family). This finding will be reported to the Central Registry with no perpetrator entered.
- Services Recommended/ Services Not Recommended All neglect reports assigned to the Family Assessment Track when the finding is not in need of services. These are voluntary services aimed at assisting the family, and are offered at county option. (Note: You can "walk away" from these families). These findings will be reported to the Central Registry with no perpetrator entered.

Due to the limitations of the special provision language that allows for the MRS pilots, CPS reports with a finding of abuse or dependency must either be documented as "substantiated" or "unsubstantiated". The reports will be entered into the Central Registry, and if substantiated, the <u>perpetrator's name entered</u>. CPS reports with a finding of "services needed", "services recommended" or "services not recommended" will be entered into the Central Registry, but <u>no perpetrator entered</u>. No maltreatment code will be reported in field 23 of the DSS-5104. Findings of "services needed" will be reported in field 21 as 05, "services recommended" as 06 and "services not recommended" as 07.

Intake and Screening Reports of Suspected Child Maltreatment

The Division of Social Services Family Services Manual, Volume I, Chapter VIII, Section 1408 applies to the MRS except as noted in this policy. All current state laws and rules apply. The intake process has not changed under this pilot. Consultation with the NC Division of Social Services child welfare attorneys has made it clear that it is not appropriate under MRS pilots to conduct what is commonly known as extended intake. Making additional collateral contacts such as telephone calls or visits to law enforcement, school personnel, medical providers, relatives or neighbors to determine if a valid CPS report exists is a violation of family privacy and integrity and would be misleading to the individuals contacted to obtain the additional information. Examples: When a physician is contacted, he should be told that the agency has received a valid CPS report which allows the physician to share the information and he is protected from any liability. According to federal law, the school systems are prohibited to share information, unless the agency has a valid CPS report. Seeking additional information to determine if the agency has a valid CPS report is not allowable. If the CPS report is screened out, the agency can provide Outreach Services to these families at its option. Since the entire Intake process for the state will be changing within this year, the only changes to the MRS Intake form will be to include the question "What do you see as the family's strengths?" and a place to designate which track the report was assigned to for response.

<u>Determination of the Appropriate Response - Family Assessment or Investigation</u>

The intake worker shall use the Child Protective Services Multiple Response System Intake Report to collect information about the report of suspected abuse, neglect or dependency. The intake worker and supervisor will determine the appropriate track for response.

The two responses are Family Assessment and Investigation. The intake decision not only determines if there is a valid CPS report but also which to track the case will be assigned, response times and prioritization. The intake worker and supervisor must sign the completed intake form. All children, regardless of track, are considered alleged victim children.

Reassignment of Cases

CPS reports should not "switch" from one track to the other. If the agency receives a report of abuse and assigns to the investigation track, then upon initiation it appears the report is one of neglect, the social worker performing the assessment should not change. Instead, the **approach** to working with the family should change to the family

assessment approach. The assistance of a co-worker who is familiar and comfortable with the family assessment approach should be requested to aid in the completion of the assessment as necessary. The same would hold true for a family assessment worker, who upon initiation, finds that the report is one of abuse. The worker either changes their approach to the investigation response or requests the assistance of one of their co-workers who is familiar and comfortable with the investigation response. If an assessment does change tracks, it should be done with supervisory approval.

New Allegations Made During the CPS Family Assessment or Investigation Tracks

If new allegations are made which meet the statutory definition of abuse, neglect or dependency, the reports should be assigned based on the risk of harm, severity or safety concerns for the child. If the report is neglect and the agency is currently responding to a report of neglect on the family assessment track, this report can also follow the family assessment track. If the new allegations are abuse, the agency shall reassign the case to the investigative track. If the agency is currently responding to a report of abuse on the investigative track, and the report is neglect, the agency should continue on the investigative track. New allegations of dependency received shall be assigned to the investigation track. New allegations will not be counted as separate reports, but must be responded to within the appropriate timeframes and all individuals making them shall receive the required notices. Remember this means switching approach not staff.

<u>Identical Allegations made During the CPS Family Assessment or Investigation Tracks</u>

If the reports contain the same, exact information as that currently being assessed or investigated, the information is documented in the case record and is considered as part of the fact finding process of the current assessment or investigation. All individuals making reports shall receive the required notices.

Family Assessment Response Assignment

The Child Protective Services Multiple Response System Intake Report shall be used to determine the assignment of CPS reports as family assessments. Reports generally considered appropriate for the family assessment response include all allegations meeting the statutory definition of neglect (except for abandonment) according to N.C. General Statute §7B-101. However, nothing will take the place of the professional judgment of the intake worker and intake supervisor in that a report that is statutorily considered neglect may be still assigned as an investigation.

Family Assessment Response Approach:

The Family Assessment Response Approach is a family centered approach based on family support principles, and a much less adversarial approach to a CPS report. This approach is really "nothing about us, without us" from the family's perspective. It should cause one to think about how they would want to be treated if a CPS report was made on their own family. Families can be better served, and children protected by focusing more on establishing a partnership with them and less on the authoritarian approach. The county DSS cannot change families, but if they are approached through an assessment that looks for their strengths, support systems, motivation to change, and supportive interventions, they will be more capable of providing safe care for their children. CPS and the family will develop true partnerships to ensure safety of the child and this is the goal of the Family Assessment Response.

Initial Contact with the Family

The social worker shall initiate face-to-face contact with the parents and child within 72 hours (depending on the determination of the prioritization of response by the intake worker and intake supervisor) of the report to begin conducting the Family Assessment Response. When the social worker is unable to initiate the contact within the prescribed time frame, there must be documentation in the case record describing the efforts made and reasons why they were unsuccessful.

The county DSS will decide with whom to initiate the Family Assessment Response based on the situation. The first recommended contact shall be with the parents. In many instances, the first contact will be with both parent and child.

During the initial contact, the social worker shall give the family a written explanation (e.g., a brochure) of the Family Assessment Response. The social worker shall also verbally explain the MRS and the Family Assessment Response.

During the initial contact, the social worker will conduct a safety assessment. If a child is not safe or found to be conditionally safe, the social worker shall develop the safety response with the parent or caregiver and any other safety resource identified to assure safety or file a petition for juvenile court intervention. If a petition is filed, the case shall be reassigned to the investigation response. The risk assessment and family strengths and needs assessment must be completed prior to the case decision.

Conducting the Family Assessment

The information for the Family Assessment shall be based on face to face interviews with and/or observation of all household members (parents, caregivers, other household members and children) by the social worker, as well as pertinent collateral

contacts. The Safety Assessment, Risk Assessment and Family Strengths and Needs Assessment shall document findings. There is still a need for case narrative to reflect interviews. Resources such as CME/CMHEP can be utilized in this approach. Collaterals may need to be contacted, but the parent will be with the social worker when contact is made if the parent chooses. In those instances when the parent refuses, the social worker shall advise the parent that based on the concerns reported, the collateral will be contacted, and the findings reported and considered in the case decision.

There is nothing that prevents the social worker from interviewing the children alone. It will be important for the social worker to explain why the interview with the child separately is important. If the CPS reports allege that the children have marks / injuries the social worker does need to observe the marks as a part of the Family Assessment.

Note:

If the agency responds to a neglect report and determines that the report is bogus or allegations falsified, it can cease conducting that Family Assessment as long as the Safety Assessment, Risk Assessment and Family Strengths and Needs Assessment reflect no issues of frequency or severity of maltreatment, no current safety issues and no future risk of harm.

Family Assessment Time Frame

The Family Assessment shall be completed within 30 calendar days of the date of the report. If there is a delay in completing the Family Assessment, the reason for the delay shall be documented. Whenever a decision is made to extend the time to complete a report in the Family Assessment Response, the family shall be notified promptly of the new extension, verbally or in writing. These notifications and the justification of the need for the additional time shall be documented in the case record.

Whenever any party is advised of the Family Assessment Response time frame, verbally or in any written material, it shall be clearly stated that the family assessment is expected to be completed within 30 days.

Case Decision/Completion of the Family Assessment Child Protective Response

The case decision for <u>neglect</u> (with the exceptions of some cases, see pages 3 & 4) will be made using the Case Decision Summary and upon completion of the Safety Assessment, Risk Assessment and Family Strengths and Needs Assessment. If the answers are "yes" to any one of the questions on the Case Decision Summary: frequency and severity of maltreatment, current safety issues, risk of future harm and child in need for protective services, then the finding will be "Services Needed." If the answers are "no", then the finding will be either "Services Recommended" or "Services Not Recommended." A finding of "Services Needed" shall be reported to the Central Registry with no perpetrator being listed. "Services Recommended" or "Services Not

Recommended" will be entered with no perpetrator being entered. The case decision will be made by the social worker, the supervisor, and if applicable, the staffing team. The intent of the "Services Recommended" finding is to offer voluntary services to the family. Please note that when the risk rating is low, unless there are unusual circumstances, the case decision will be "Services Recommended" or "Services Not Recommended". In this case the agency can "walk away" if the family declines services or the agency decides not to offer voluntary services at all due to a lack of need.

The social worker will discuss the outcome of the family assessment with the family face-to-face after the case decision has been made. The family will also be notified in writing of the finding within 7 working days.

Note: While this approach is family centered, the case decision is a decision that rest with the county department of social services. The family does not have equal decision-making powers. This is the only time in the MRS that families will not be present for decision-making purposes. The outcome of the case decision should not be surprising to the family, if the social worker has successfully implemented the Family Assessment Response.

Documentation

The social worker shall document and record all actions taken during the Family Assessment. Documentation is required because:

- The supervisor, subsequent or substitute social workers, or other reviewers must have documentation of all actions taken.
- All Family Assessment Response records shall contain the required information, and shall be written so that the decisions made are documented, and would be understandable to another person reviewing it.

The following documentation format is recommended for reports assigned as Family Assessments:

- A. Child Protective Services Multiple Response System Intake Report and all required notices
- B. Safety Assessment
- C. Risk Assessment
- D. Family Strengths/Needs Assessment
- E. Case Decision Summary
- F. Case notes to document interviews, observations and statements obtained during the Family Assessment Response
- G. Collateral Information
- H. Written notifications to reporters, parent, and perpetrator
- I. Correspondence
- J. Case decision notification to the family regarding the case decision.

 The facts gathered by the social worker may be used if court action is needed.

Supervisory Review

The CPS supervisor shall review and sign-off on all reports assigned as Family Assessments to document the supervisor's concurrence with decisions and approval of documentation.

This review includes the Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment and Case Decision Summary.

Notifications to Reporters:

The notice to the reporter shall indicate whether the case was assigned to the Investigative Response or the Family Assessment Response. The notification will include information on the Child Protective Services Multiple Response System. The second notification to reporter will indicate when the Family Assessment was completed and the outcome.

Investigation Response

The county DSS may investigate any valid CPS report if deemed necessary, but the following reports must be investigated in the manner that is required by current law and rule:

Anything meeting the legal definition of abuse and dependency according to N.C. General Statute §7B-101 and the Special Type Reports listed below.

-§ 7B-101 (1)

Abused juveniles. — Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker: (a) Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means; (b) Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means; (c) Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; (d) Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178 and G.S. 14-179; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1, regardless of the age of the parties; (e) Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; or (f) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

§7B-101 (9)

<u>Dependent juvenile.</u>—A juvenile in need of assistance or placement because the juvenile has no-patent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement.

Special Types of Reports

- Child fatality when there are surviving children in the family
- Child in custody of local DSS, family foster homes, residential facilities, child care situations, and reciprocal investigations
- Child taken into protective custody by physician or law enforcement, pursuant to N.C. General Statute 7B-308 & 500
- Medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457(Baby Doe)
- Child hospitalized (admitted to hospital) due to suspected abuse/neglect
- Abandonment

Conducting an Investigation

Investigations will be conducted according to the current CPS investigation process. (See the Division of Social Services Family Services Manual, Volume I, Chapter VIII Section 1408, 1416, and 1418). The MRS Pilot does not have the statutory authority to change how DSS investigates abuse or dependency. This includes reporter and family notifications, time frames, documentation, central registry, etc.

The Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment and the Case Decision Summary are to be completed.

Coordination with Law Enforcement and District Attorney

Current state law requires that evidence of abuse be reported to law enforcement and the district attorney. MRS Investigation Response requires a close working relationship with law enforcement. Memorandums of Agreement need to be developed with the local law enforcement agencies to ensure an effective working relationship. The goals are to hold perpetrators accountable for harming children, to reduce the number of interviews for children; and to enhance the evidence gathering process for law enforcement.

Case Decisions

Case Decisions regarding reports of abuse and dependency will be made as they currently are now. Reports to the Central Registry will be completed as they are done now, with perpetrators listed when the report is substantiated. Unsubstantiated cases may be recommended for voluntary services as appropriate.

Access to Multiple Response System Records

The Division of Social Services will make provisions (to be determined) to collect data for evaluation of the Multiple Response System. Local agencies are currently required to register all reports of abuse, neglect, or dependency in the Central Registry. The data collected is used for statistical as well as individual tracking purposes. All reports received by the pilot agencies that are assigned to the Investigation Response will still be registered in the Central Registry as valid complaints and designated as substantiated or unsubstantiated. Cases assigned to the Family Assessment Response will be identified as a report but will not receive a disposition of substantiated or unsubstantiated and will be entered into the Central Registry as "Services Needed" or "Services Recommended/ Services Not Recommended" and no perpetrator will be listed. Reports assigned to the investigative response will be captured as they currently are now. For evaluation purposes, data on family assessment cases will be kept to capture information about the response of the family, the types of services needed and provided, etc.

Case Transfer to County In-Home Services

Regardless of the type and level of service to be provided, the social worker should see the family within seven (7) days of the case decision if services are to be provided. In MRS, it is highly recommended that the social worker who conducts the Family Assessment Response maintain (keep) the case throughout the provision of In-Home Services. It is understood that cases from the Investigation Response will be transferred to another social worker. Until MRS counties can do an evaluation, current CPS caseload standards apply.

Family Services Case Plan, Part A, Service Agreement

Regardless of the type and level of service to be provided to families substantiated or found to be in need of CPS services, the Service Agreement is the foundation for working with families. The Family Services Case Plan, Part A, Service Agreement shall be completed within 30 days of a case decision when the finding was either a substantiation or finding of in need of CPS services. It shall be updated at least every three months; whenever family circumstances warrant a change; and within 30 days of the removal of the child from the home.

Structured Assessment Tools

Please see the Definitions on pages 4-6 of the MRS policy, which defines the structured assessment tools. After a substantiation or a finding of in need of CPS services has been made and the case is transferred or maintained by same social worker for In-Home Services, the Risk Re-Assessment and the Family Strengths and Needs Assessment shall be conducted to coincide with the timeframes established for the Service Agreement. This should occur regardless of the type and level of In-Home Service provided.

Child and Family Teams and the Team Decision Making Approach

A Child and Family Team (CFT) is a group of persons identified by and with the family who are committed to the child and family and are invested in helping them change. The CFT utilizes a team decision making approach to improve the agency's decision making process; to encourage the involvement, support and "buy-in" of the family, extended family, and the community to the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families. The CFT recognizes and respects the family as the expert on its own children. This is a shift away from our more traditional child welfare assessments and service planning, which all too often focused on parenting deficits, and often alienated the family. CFT genuinely engages families in the planning process, jointly develops specific safety plans for children at risk, and designs in-home or out-of-home services and supports for families.

The use of the team decision making approach is both a philosophy and a practice. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and problems better than that family. The team decision making approach is also a practice in that it describes the basic method by and through which DSS seeks to serve children and families.

The CPS social worker should engage the family and begin identifying team members early. This means that as soon as the first face-to-face meeting which is within 7 days of the case decision with the parents occurs, the social worker must begin to discuss the concept of the CFT and obtain input from the parents as to who they want on their team. Because one of the primary functions of the team is to provide support to the parents, it is critical that the parents invite persons who are significant to them. Most commonly, members of the team include: parents; the child (if age appropriate); other concerned family members; members of the community identified by the family as part of a support network; the facilitator; the social worker; any relevant service providers; and if the child is in care, the foster parents (or other care provider). The social worker and parents should work together and contact potential team members to explain the purpose of the team and invite them to the first team meeting.

Team meetings **always** include the family, and are structured, guided discussions with the family and other team members about family strengths, needs and problems, and the impact they have on the safety, permanence and well being of the child. The meetings produce decisions regarding what action must be taken and/or what services are needed to assist a family to develop the capacity and capability to assure the child's health and safety and to meet the child's well being needs. The team will remain active with the family throughout the life of the case. At the time the team is being developed, its stability should be kept in mind and discussed with all members. A stable composition is essential to the purpose of the team. This team will become one of the family's primary support systems as they move toward their plan goals.

Team meetings should be convened by the social worker to develop or update the Service Agreement, anytime a significant decision is to be made that impacts the child or family, or anytime there is reason to believe that there is a need to discuss a child's health, safety, or permanence. The Risk Re-Assessment and Family Strengths and Needs Assessment should be incorporated into any discussion with the team. In all cases, teams should meet prior to case closure (or reunification if the child is in care), prior to the child coming into care, and prior to any placement change. If the child is in care, team meetings should occur timely in order to meet required time frames for permanency planning and other judicial reviews.

Trained facilitators that do not have caseload or supervisory responsibility for the case should facilitate the meetings. It is critical that experienced staff be chosen as facilitators. It is permissible for facilitators outside the agency to be used as long as they understand the process and issues of developing safe and acceptable plans. In addition to managing the meeting, the facilitator models the respectful and inclusive process of the team decision-making model. The facilitator builds trust in the team process, making sure that all points of view are heard and that all participants understand what is being discussed. The facilitator encourages the team to generate creative ways to keep children safe and maintain family attachments, while building consensus among the group. Skilled facilitators help individual social workers see the team decision making process as a way to support their own work and as an active resource for their families. Facilitators must be able to find common ground among diverse individuals so they can

focus the group on building the family's strengths, negotiating services, and developing safety plans.

In conducting team meetings, facilitators must assure that the meeting is WITH the family, not ABOUT the family. This means that agency staff (facilitators, social workers, etc) must consistently engage the family and seek their input, their ideas, and their commitment to the safety, permanency and well being of the child. Facilitators must do everything possible to assure that input and recommendations from others that might be involved in the meeting are presented in a manner that is helpful to, not condemning of the family.

At the same time, it is imperative that all safety issues and risk factors are thoroughly discussed in a straightforward manner. The Family Strengths and Needs Assessment will help facilitate a discussion about the strengths of the family. Social workers should always communicate openly and directly with the family, community support persons and service providers, (subject to the requirements of confidentiality). In doing so, full disclosure serves an essential therapeutic intervention purpose. It assures that no one involved in providing services to a child or family is surprised by any information about the family, or about any decision made or action taken to assure the child's safety, permanence or well-being. The family's participation is facilitated by honest dialogue at all stages of the case. Full disclosure models openness, honesty, and strength. It serves to reduce anxiety and frustration for family members and service providers, and creates an atmosphere of trust and predictability. Family members feel supported, respected and empowered, while perceiving the social worker as an advocate.

Note: Two of our MRS counties are also Casey sites. Child and Family Teams are the same as the Casey Team Decision Making Model. These two counties have the capacity to hire facilitators for TDM when placement issues are being considered. It is the expectation that CFT exist for all cases after a finding of substantiation and services needed.

In Home Services Provision

This section provides information on the laws, policies, and good practice standards regarding the provision of services to families whose children remain in the home and there has been substantiation or a finding of need of CPS services. In home services are a legally mandated and integral part of the child protective services continuum. It is this phase of child protective services that provides the greatest opportunity to prevent the future abuse, neglect, or dependency of a child.

The practice foundation for a continuum of in home services is that families are unique and distinctive, have their own culture and set of norms and all function differently. By using a continuum of services when working with families, social workers can better address risk, support the family and engage families in the process to promote planning and achieve positive change. In using this methodology, the three core outcomes of

safety, permanence and wellbeing will be addressed within families with whom we work. In Home Services in North Carolina consist of the following core services:

- 1. CPS Case Planning/Case Management (CP/CM)
 - CP/CM Intensive/High
 - CP/CM Moderate
- 2. Family Support (Voluntary Services)

CPS Case Planning and Case Management Services will be provided for children who are reasonable candidates for foster care in the absence of preventive services. Service code 215 applies. Additional funding sources have been opened instead of solely using IV-E. It will be at agency discretion regarding the funding source used for 215 for MRS counties. CPS Case Planning/Case Management Intensive/High/or Moderate are the same services, but based on the level of risk certain functions are different. For families whose overall risk rating is intensive or high, the frequency of contact and frequency of CFT meetings are different than for a family with an overall rating of moderate. Intensive, high and moderate overall risk ratings reflect that these children are reasonable candidates for foster care in the absence of preventive services. These continue to be involuntary services because the agency has substantiated or found the child to be in need of CPS services. Families can move from one service to another based on the Risk Re-Assessment.

Low, and certain moderate, risk families may be offered the voluntary service, Family Support, Service Code 122. If the family is offered this service and declines, the agency will no longer be involved and would only have the authority to intervene if a new CPS report is received. (These are cases we can "walk away" from).

Child Well-Being

The Family Strengths and Needs Assessment along with the Risk Re-Assessment and Service Agreement will be completed at certain intervals. Regardless of whether the overall risk rating is intensive, high or moderate, child well-being needs should be addressed as they are documented on the Family Strengths and Needs Assessment. As long as involuntary services are being provided, child well-being needs should be documented and addressed.

<u>CPS Case Planning/Case Management-Intensive/High (Service Code 215)</u>

If the Initial Risk Assessment documents the overall risk rating to be **high** or **intensive** and there are safety issues, the agency will provide CP/CM Intensive/High Services. These services are provided to children defined as reasonable candidates for foster care and to their families, after there has been a substantiation of child abuse, and/or dependency or a finding of "Services Needed" and removal of the child is a reasonable

candidate for foster care in the absence of preventive services. Services include activities such as:

- Monitoring, expanding and updating the Family Services Case Plan to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case
- Working with the parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills
- Referral or monitoring of service as appropriate, including referrals to DSS-provided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement
- Documentation of CP/CM Intensive/High activities

Case Contacts for CP/CM Intensive/High:

- Weekly face to face contact shall be made with all caretakers and all children in the home.
- The SWS and SW should staff the case weekly (minimal) to discuss risk, safety the family's strengths and needs, and the family's progress. Once the assessment process accurately reflects reduction of risk, the overall risk factor may be documented as moderate, thereby removing the requirement of weekly contacts and stepping down the case to CP/CM- Moderate. It is important to note that the key here is accurate documentation of the family's progress. Please note: The CFT meeting is where decisions are made regarding step down services.
- Two collateral contacts per month with someone significant to the case: mental
 heath therapist or case manager, school, daycare, family members, Work First or
 other professionals working with the family. Documentation should include who the
 social worker talked with, when, and what observations have been made of the
 family's progress or barriers toward case goals.

NOTE: Case contacts with family members may not be reduced while the case remains open for CP/CM-Intensive/High Services except for one circumstance. If the child is in a safe, stable Family Initiated Placement, contact with the child may be reduced although the risk rating is still high. Contacts with caretaker(s) will remain weekly until the risk level in the home is reduced.

Duties of the Social Worker and Child and Family Team

Partnering with the family is vital in the process of identifying areas of need and risk and in developing strategies to reduce and alleviate these factors. The family is it's own best resource and possesses intimate knowledge regarding family strengths and potential

barriers towards achieving the objectives of their Service Agreement. The social worker and the team's objective is not only to identify and prioritize Needs and Risk factors, but additionally to identify the level of service required to address the family's needs. While many families share similar circumstances, the social worker should make every effort to tailor services that address a family's specific needs, situational or chronic. As the assessment tools, and especially the Family Strengths and Needs tool, are working documents, they reflect the family's progress, or lack thereof, towards achieving the service agreement objectives.

As soon as possible, but in no longer than (7) seven days following the case decision when the overall risk rating is Intensive/High, the agency is required to meet with the family and to schedule a CFT meeting no later than (30) thirty days after the case decision. In this meeting the family and team members are to identify those factors that document the highest level of risk, review safety issues and identify strengths and needs. This information should be discussed, and a joint strategy adopted to lessen or alleviate concerns. The agency should always partner with the family to identify risk-alleviating objectives. Subsequent team meetings are to be held every (30) thirty days while the case remains open for CP/CM Intensive/High Services. If the overall level of risk remains high or intensive for (90) ninety days, the team is to convene to discuss what level of progress has been made. If the team determines that the family is showing progress, another meeting is scheduled. When the team determines that no progress has occurred and risk remains high or intensive, the agency should explore the following options:

- Accepted referral to Intensive Family Preservation Services (IFPS) if available
- Petition the Court for adjudication and family compliance
- Petition for Non-Secure Custody
- Due to exceptional situations, extend CP/CM Intensive/High Services
- Family initiated placement as a result of the Child and Family Team

The philosophy behind assessing the above options is that the team is making every reasonable effort to address service needs that place children at risk of removal from their family homes. Additionally, the family, supported by the team is empowered to achieve permanency for the child/ren.

It is imperative that the Risk Re-Assessment, the Family Strengths and Needs Assessment, the Service Agreement are used as working documents in the team meetings.

<u>Intensive Family Preservation Services (IFPS)</u> (Where available)

The IFPS model provides intensive, in-home crisis intervention services designed to help families with children at imminent risk of being removed from the home. These services are time-limited (a maximum of six weeks) and are characterized by very small caseloads for workers, 24-hour availability of staff, and the provision of services

primarily in the child's home. Evaluations of IFPS programs in North Carolina indicate that IFPS is very effective at helping children remain safely in their home.

In counties where NCDSS funded programs exist, IFPS should be considered as an option for all cases in which there is a risk rating of 'high' or 'Intensive' risk. When IFPS is chosen as a service delivery option, the following guidelines are to be followed:

- Provide all documentation required by the IFPS program as part of the referral process. This includes all relevant referral information and necessary DSS forms (e.g. 5104, 5147, and 5027). This information should be provided to IFPS programs before they start working with the referred family.
- There must be a rating of "high or intensive risk" and there has been substantiated or found to be in need of services in the family.
- At least during the time IFPS is involved with the family, the IFPS SW is to be a member of the CFT. This partnering will assist in prioritizing IFPS activities towards addressing the existing high risk factors.
- Contacts by the IFPS SW, during their period of service, can be counted for the
 individual weekly contacts as long as this purpose is documented. Additionally, the
 Department of Social Services SW must maintain weekly contact with the IFPS SW
 and document discussion regarding progress towards case activities. (These
 contacts can either be over the telephone or in person). The on going social worker
 should see the family twice per month while IFPS is involved.
- The IFPS SW is to provide DSS SW with written documentation regarding case objectives.
- Upon completion of IFPS, the SW will again facilitate a meeting with the IFPS SW (preferably with the CFT) to discuss, with the family, progress achieved towards case objectives. This meeting should occur within (7) days of completion of Intensive Family Preservation Services.

Funding and Coding of CP/CM-Intensive/High Services

CP/CM will be coded on the 5027 and the daysheet (DSS 4263) as 215 services. The possible funding codes for CP/CM will be Z, N, P, R, X, 7, 8, and 9. Please note: certain funds require specific eligibility criteria and adherence to each funding source is required. All of the intensive and high services can be coded as Z as in the absence of preventive services the children would be reasonable candidates of foster care. Documentation of this is included on the "Case Decision Summary/Initial Case Plan" (DSS-5228)

Completion of CP/CM Intensive/High Services

As a family progresses successfully towards achieving their service agreement, logically the overall family risk level will lessen. As this process occurs, and the family continues to progress towards achieving case plan objectives, the goal of the CFT will continue to be to identify service needs, and level of service required to address the family's specific needs.

When a family is assessed and documented to have lowered the overall family risk rating to moderate, which means the Risk Re-Assessment and the Family Strengths and Needs and the Service Agreement document these findings, the family shall be told of their accomplishments. This could best be done as a part of the CFT.

When the overall risk level is assessed and documented as low, the SW should utilize the CFT to offer voluntary services as appropriate. Again the team partners with the family to address well-being issues such as family financial, educational, housing and counseling needs and may offer referral assistance.

The completion of CP/CM Intensive/High Services will generally result in one of the following actions:

- 1. Transfer to CP/CM-Moderate Services
- 2. Referral to Family Support Services
- 3. Placement of the child
- 4. Case closure

CPS Case Planning/Case Management-Moderate (Service Code 215)

When a family is substantiated for abuse, neglect or dependency or found to be in need of services, and the initial risk rating is **moderate**, they will be provided CP/CM-Moderate Services. These services are provided to children defined as reasonable candidates for foster care and in the absence of preventive services would be in foster care. The purpose of CP/CM Moderate is to maintain the safety of the child while helping the parent to modify the harmful behavior that induces risk to the child. To accomplish this, the social worker must continually assess the safety and risk to the child and, should it become necessary, take action to prevent any further harm. Simultaneously, the social worker must actively support the parent's efforts to change and include them with all decision making throughout the life of the in home services.

CP/CM-Moderate Services include activities such as:

- Monitoring, expanding and updating the Family Services Case Plan to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case

- Working with parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills
- Referral or monitoring of service as appropriate, including referrals to DSSprovided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement
- Documentation of CP/CM Moderate activities

Case Contacts for CP/CM-Moderate Services

- Two face to face contacts per month with parents and all children in the home
 During visits with family members, risk and safety issues should be addressed and progress should be discussed. Documentation of the visits should include who was seen, where, when, and progress toward meeting the goals of the case plan.
- Two collateral contacts per month with someone significant to the case: mental
 heath therapist or case manager, school, daycare, family members, Work First
 or other professionals working with the family. Documentation should include
 who the social worker talked with, when, and what observations have been made
 of the family's progress or barriers toward case goals.
- A supervisory conference between the SW and the SWS will occur at least monthly to discuss risk issues, safety issues, family strengths and needs as well as the family's progress toward their case plan goals.
- Option to reduce contacts is allowable upon Supervisor/Social worker discussion of rationale; agreement that risk has decreased per the Risk Re- Assessment. This should be discussed at the CFT meeting.

<u>Duties of the Social Worker and Child and Family Team</u>

If the Initial Risk Assessment documents the overall risk factor to be moderate, both the agency and family have responsibility and tasks to accomplish to ensure safety for the child and progress to alleviate or decrease risk. As soon as possible, but in no longer than (7) seven days following the case decision when the overall risk rating is Moderate, the agency is required to meet with the family and to schedule a CFT meeting no later than (30) thirty days after the case decision. The purpose of the meeting will be to develop the Service Agreement with the family, identify and build on the strengths of the family and begin the development of the partnership towards positive change.

The CFT should consist of the family and any support they wish to bring, the Assessment SW, In Home Social worker, Supervisor, anyone else involved with the family, if appropriate: mental health, schools, Work First, etc. The team will be used

throughout the life of the case, with members changing as needed to address risk issues and resource needs. The Risk Re-Assessment and Family Strengths and Needs Assessment and the Service Agreement should be an integral part of the team. They should be updated on at least a quarterly basis.

Funding and Coding of CP/CM Moderate Services

CP/CM Moderate Services will be coded on the 5027 and the daysheet (DSS 4263) as 215 services. The possible funding codes for FPS are Z, N, P, R, X, 7, 8, and 9. Please note: each funding source may have it's own individual eligibility criteria and adherence to each funding source is required. For CP/CM moderate services, the program code Z can continue to be used as long as there is documentation that in the absence of preventive services, the child would be a reasonable candidate for foster care. Documentation of this is included on the "Case Decision Summary/Initial Case Plan" (DSS-5228)

Completion of CP/CM Moderate Services

When working with families in CP/CM-Moderate Services cases, SW's will complete the Risk Re-Assessment, Family Strengths and Needs Assessment and update the Service Agreement at regularly scheduled times. When a family has been assessed and the risk rating has been lowered and the CFT concurs, the case can be stepped down to Family Support Services, which is voluntary. When a family has been assessed and the risk rating has increased to high or intensive and the CFT concurs, the family will be moved to CP/CM-Intensive/High Services.

When the risk of future harm is low and there are no current safety issues, the case should be closed for CP/CM Services-Services Code 215. The family should be notified through the CFT of their accomplishments. If the risk is low and the family wants continued services, they will need to sign the DSS 5027 for voluntary services.

Cases that are Stuck

At times we will encounter a case that gets "stuck." These are situations where the risk remains moderate and the family is not making any progress or simply not cooperating. If there are no high-risk issues present, the following course of actions should occur:

- Discussion between the SW and SW Supervisor or the CFT
- With the Assessment Tools as a guide, evaluate the following issues:
 - 1. Safety Have other reports been received, assessed, and a finding of substantiated or "in Need of Services" found? Are there current safety issues?
 - 2. Future Risk- Using the Risk Re-assessment, what is the risk, in what areas and how does risk affect the children now and since working with them?

- 3. Family Strengths/Needs- Using the Family Strengths and Needs Assessment, what identified family issues remain unaddressed?
- If safety and risk issues warrant, file a petition to have the case adjudicated in Juvenile Court.
- After discussion of the issues it is decided to close the case at moderate risk, all services offered to the family as well as their response and any progress should be documented.
- A letter should be sent to the family notifying them of the closure decision, with indication that their lack of progress will be considered if future protection issues should arise.

Family Support Services (FSS)-Service Code 122

Family Support Services are community based services to promote the well-being of children and families designed to increase the strength and stability of to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development. Family Support Services are a group of interrelated assessment, prevention, education or treatment services and activities designed to enhance parents' abilities to become self-sufficient and care for their children. They are also intended to increase children's school performance and behavior; self-esteem and leadership skills. Family and marital relationships, domestic violence, substance abuse, housing, poverty and finances, child-care, juvenile delinquency, mental health; and, physical health and wellness are all areas of potential concentration for these services. By providing these services, rather than focusing on the details of a specific incident, county workers and families focus on the children and families' strengths to address areas of need. County workers then offer to help families meet needs identified during an assessment.

Family Support Services are **voluntary** services. They may be offered to families who have been assessed for safety and risk with a resulting risk level of **low** (and some moderate) and the agency can "walk away" from this family.

Families for whom these services would not be considered appropriate are those who have identified safety related issues in their situation or who are current recipients of CP/CM Services or out of home placement ordered by the Juvenile Court.

Family Support Services are voluntary on the client's behalf in that they may be

- refused upon initial offer by the agency;
- refused and ended at any time during service provision; or,
- ended by the client at the conclusion of the service provision.

The client has the right to refuse the services for any reason. The agency can not justify initiating involuntary services or court action based solely upon the client's refusal of services.

FSS may be provided by the Child Welfare unit of the local agency or any other unit or team in the agency which may be more appropriate, such as Work First Family Services. The agency may provide the services directly or connect families with resources in their communities or through their informal support system such as mental health, Family Resource Centers, Domestic Violence Programs or Faith Based Organizations, to name but a few. It is the responsibility if the local agency to organize itself in the manner to provide the best support possible for the client. The services will be provided in coordinated effort with parents, children and community resources.

Case Contacts by the FSS Worker

Due to the fact that the risk is low in this family, service provision will be considered fluid and loosely structured. This will allow for increased collaboration and "ownership" of the process on the client's behalf.

Face to face contact with an adult family member will be maintained on a monthly basis. Other family contacts should be utilized as effective and appropriate. When planning contacts the social worker must consider the requirement that case progress be assessed on a quarterly basis. The individual need and availability of the client, and other's important to the case are also important factors to consider when planning case contacts.

Duties of the Social Worker and Child and Family Team

If the family accepts FSS, the agency will conduct a thorough intra-agency check to ascertain and identify service providers currently working with the family. If the family is receiving services the agency will then decide which is the most appropriate case manager for completing the assessment. The agency may use the Risk Re-Assessments, Family Strengths and Needs Assessment to assist in planning with the family, which was a part of the CPS intervention.

The case manager will contact the family within <u>seven (7) days</u> and explain the available services and possible providers. This contact may be in any form deemed appropriate and expedient. Best practice methods would suggest that the initial contact is face-to-face but this may not be possible. The social worker should adequately document the contact (or attempts to do so), the discussion of requested service needs and agency services offered, and the client's response. An appointment should be made to further discuss the family's need and agency services and to mutually formulate a plan to meet them. All services provided to the family should be reported on the DSS-5027 and the family should sign for these services.

For each family who receives FSS, a CFT will be recommended. This team could be as small as the appropriate family member(s) and the social worker; but additional members could include members of the family's support network, the social work supervisor, community resource providers and other professionals involved with the family. The premise is that families should be at the center of the planning process.

Service implementation will include convening a CFT meeting for the purpose of conducting a thorough assessment of service needs. The assessment tools completed during the provision of CP/CM can be utilized. This will always be done in cooperation with and full knowledge of the family. The social worker will fully explain the family's rights to make service decisions, privacy and confidentiality, open communication with the agency and other service providers, and record retention and access. The meeting will also be utilized to have the client sign all necessary applications and release of information forms. This form will include information such as client's rights, the necessity of a CPS investigation should any risk to children be suspected, confidentiality, information sharing, and record availability.

An initial mutually agreed upon Family Support Plan will be formulated at this time. (The FSCP, Service Agreement will be used until a standardized Family Support Plan can be developed). The agency will document its activities in the family's behalf along with those of the client or others. This will be signed and dated by all parties/agencies accepting service responsibility and the client. Service provision need not be performed by the agency if another provider is more appropriate or accessible. The agency must maintain its responsibility to either actually provide the services or facilitate their provision through another source.

On-going assessment is perhaps the most critical aspect of supportive services to families in that it is the only method of accurately gauging the situation and molding services to match it. It is recognized that no family or client exists in a vacuum and that if one aspect of a particular situation is altered others are affected. On-going assessment allows all stakeholders to monitor the situation for progress, strengths, needs, and other possible areas of service implications.

The assessment can be documented on the Family Strengths and Needs Assessment tool. It will be conducted as needed but no less often than one time per quarter. It will be done with the client and all applicable stakeholders and service providers. The Family Support Plan should also be updated as necessary but no less than once every quarter.

Funding and Coding of Family Support Services-122

FSS will be coded on the DSS 5027 and the daysheet (DSS 4263) as 122 services. The possible funding codes for FSS are A, K, N, P, R, X, Y, 7, 8 and 9. Adherence to individual eligibility criteria for each funding source should be noted.

Completion of Family Support Services

Services will be completed upon the client's request, when clients move out of the agency's jurisdiction, by mutual decision, or by individual determination of the client or the agency. The case may be closed if another agency becomes the primary service provider and assumes case management responsibilities. The agency will communicate in writing with the client within seven (7) days to inform them that the case has been closed and reasons for that decision.

County Options

Potential referral sources for FFS include, but are not limited to families who have:

- been reported to the agency as possible abuse/neglect/dependency situations, but "screened out" for CPS investigations and the CPS reporter's information indicated potential service areas;
- been assessed by agency's CPS unit for the presence of neglect/dependency and unsubstantiated or found "not in need of services", yet the family could benefit from the offer of FSS;
- contacted the agency independently to request services due to a non-safety-related issue they recognize to exist in their homes.

Case Transfers between Counties

The following are guidelines to be followed by both the originating county and the receiving county when reports or cases are transferred to another county Department of Social Services.

For CPS Investigations/Family Assessment:

If a report is being investigated by an MRS county and the family moves during the
course of responding to the CPS report, the county where the family moves is
responsible for the completion. If the family moves to another MRS county, the track
in which the family was assigned in the first MRS county should still apply unless
unusual circumstances exists.

If the family moves to a non-MRS county, that county will complete the CPS report, through the traditional CPS investigative process (what we do now in NC). If a non-MRS county transfers a CPS report to a MRS county, the MRS county should complete the investigation in the traditional manner (What we do now in NC).

For CPS Substantiated/ Services Needed Case:

• If the county knows the family is moving, prior to the relocation, a telephone referral to the receiving county, followed by a written request of the receiving county to

assume jurisdiction and case responsibility. Information given at this time should include pertinent Face Sheet information (i.e.: names, dates of birth, address and driving directions, telephone numbers, school and employment information).

- When possible and appropriate, schedule a transfer visit between the original SW and the newly assigned SW (receiving county).
- At the time the case is officially accepted by the receiving county, the originating county shall supply all pertinent case materials. These materials should minimally include the following: Assessment Tools, current Service Agreements, and other case narrative documentation.
- If the originating county is allowed sufficient time prior to the family's relocation, a representative from the receiving county should be invited to attend the CFT meeting (if applicable).
- The MRS receiving county, the county accepting case responsibility, is responsible for the following activities:
 - Upon receipt of a transfer request from the originating county, the receiving county shall conduct a thorough assessment of the family's new residence upon relocation.
 - Meet with the family face to face within (7) seven days if a transfer visit did not occur.
 - Assemble and convene a CFT meeting (if applicable) within 30 days of the most recent meeting within the originating county.

Special Notes:

If a family moves to a new jurisdiction without prior notification to the originating county, the following shall occur:

- Upon knowledge of the family's relocation, the originating county shall notify the
 receiving county immediately. All pertinent case materials shall be transferred to the
 receiving county within 24 hours to allow for an assessment of safety factors.
- The receiving county shall see the family within 72 hours.

Transfer of cases may often occur between a Pilot County and a County DSS that is not a part of the pilot. If this occurs, the following guidelines should be observed:

 Only active involuntary services cases should be transferred. For MRS counties transferring to non-MRS counties, only intensive/high or moderate cases should be transferred. For non-MRS counties transferring to MRS counties, current 215service cases should be transferred. 2. Families open for FSS in a pilot County should be encouraged to apply for whatever voluntary services their new county of residence may offer at the family's initiative.

Child Placement Activities

When the child needs to comes into care

Team decision making serves an important gatekeeping function to ensure that children can remain safely in their own homes with appropriate services. When children cannot be maintained safely in their own homes, it is imperative that the CFT ensure that the birth parents, foster parents, and all service providers are working cooperatively towards a safe, permanent plan for the child. A CFT meeting must be convened when the social worker and supervisor believe the child cannot be maintained safely in their own home under current circumstances. When convened prior to DSS taking custody of the child, often the meetings can provide a mechanism for the agency to implement safeguards that allow the child to be maintained in his own home or the home of a relative while the agency works with the parents to ameliorate the conditions causing the child to be unsafe. If a child's immediate safety is threatened, the social worker must ensure the child's safety first, and convene a team meeting as soon as possible (i.e. the next working day).

When the child must be placed out of home, the social worker should gather as much information as possible regarding the child and his needs. Much of this information will already be available if the child is coming into care from an in-home services case. It is imperative that the social worker match the child's known needs and characteristics to the strengths, interests and skills of the placement resource. The primary purpose of the CFT during this critical time in the life of the case is to provide support for the family, and ensure the best possible resources are provided the child and family. The key question for the CFT is "which placement resource can best meet the child's needs for safety, permanency, and well-being?" If the child must be placed outside the home, placing the child with a foster parent who has the support of the CFT makes it possible for the child's first placement to be the only placement. Foster parents, and other placement providers, are essential participants in and members of the CFT. They are supervising and caring for the child for 24 hours a day, 7 days a week. This makes their information and input essential to decision-making and service planning.

Shared Parenting Meetings

The relationship with and interaction between the child's family, the social worker, and the CFT is the most important, essential source of assistance for the family. Research in child welfare has documented that one major factor which positively influences the timely achievement of a safe, permanent home for children is the frequency and quality of social worker contacts with the family. The social worker should view the relationship and contacts with the family as an essential therapeutic intervention, and all contact must be purposeful.

When the child is in out of home care, another essential element towards timely permanence is the relationship between the birth parents and the foster parents. The CFT becomes an important bridge in building this relationship. Team members will want to help the child's family feel they are an important part of the team and have valuable input in the care of their child. Likewise, the foster parents have much to offer the team and the family. By cultivating a nurturing relationship with the family, the foster parents begin to mentor the birth parents in appropriate practices that help ensure the child's safety and well being. This relationship begins with the foster parents engaging the family very early around issues such as visitation, medical appointments, and transportation. Discussing such issues as favorite foods, toys, even sleep behaviors helps the family remain connected to the routine of child care. Inviting the birth parents to participate in meetings with teachers and health care providers helps establish a continuum of care between the parents and the child, and provides the social worker with opportunities to monitor the progress being made by the parents.

The investigative/assessment social worker should facilitate a meeting between the birth parents and foster parents within a week of placement to ensure that the partnership has a strong beginning and supported by the agency. It is suggested that the assigned placement social worker co-facilitate the meeting. Agencies should try this meeting using foster parents who seem comfortable with developing a close relationship with birth parents. Its purpose is to begin to establish positive relationships between the child's birth and foster parents. It will provide the birth parents the opportunity to share what they know their child's needs are with those who will be providing foster care. Its intent is also to provide the first, and best, opportunity to plan for visitation and contact between the birth parents and their child, and initiate the case planning process. It must be very clear that this meeting is not to rehash family history or assign blame. Ground rules must be clearly established that it is about the child and how his needs can be met through a relationship between his birth and foster parents.

Regardless of whether providing in-home services or services to families and children in out of home placements, a key point which social workers and their supervisors must always remember is that productive relationships with birth families, foster parents and service providers do not just happen. Social workers must assertively plan, implement and manage such relationships on behalf of the family.

Note:

We do not have the statutory authority to make changes related to child placement services that are governed by current law, rule, policy and standard.

The CFT meeting may also serve as the agency's PPAT meeting as long as it carries out the PPAT's function in the case.